2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # P02000074010** 04-25-2008 90120 042 ***150.00 1. Entity Name HUNTSVILLE HEARING PARTNERS, INC. 40001000 Mailing Address Principal Place of Business 1871 WELLS RD 1871 WELLS RD ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 No Cha-P CR2E034 (11/05) 02042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0730333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Troy C. Mahan JOHN-MGE, MILLER, P.A DO NOT WRITE 333 FIRST ST. NORTH, STE. 305 JACKSONVILLE BEACH, FL 32250 IN THIS SPACE Perase correct name to: Tray C. Mahan and address: 1871 Wells Ad UNIT 1 DRANGE PAAK, fu 32013 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MAHAN, TROY C STREET ADDRESS 1871 WELLS RD., #1 ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT-WRITE-CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP . 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

	ANNUAL R	EPURT (AR	<u>) </u>		ATTACHIVIENT
DOCUMENT # P02000074010 1. Entity Name				7	
HUNTSVILLE HEARING PARTNERS, INC.					
Principal Place of Business Mailing Address					
1871 WELLS RD		1871 WELLS RD			0 3 54 5
#1 ORANGE PARK FL 32073		#1 ORANGE PARK FL 32073			" HUO8 1533
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)
City & State		City & State			4. FEI Number 01-0730333 - Applied For Not Applicab
Zıp	Country	Zıp	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current	Hegistered Agent	Nam	ıė.	7. Name and Address of New Registered Agent
NOHNINGE-MILLER-DIA _ INCORRECT TR				ay C Mahay	
333 FIRST ST. NORTH, STE. 305 JACKSONVILLE BEACH FL 32250 2/1 Michelle Street Address (P.O. Box Number is Not Acceptable) Well S. Road Unit					
	241-1113	2002 to get incorporphed	City	0.0	una Park FL Zip Sode 13
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent. SIGNATURE Signature, lipsed or printed names of registered apert and the Famplicacia. (MOTE Registered Agont agriculture requires when registating). DATE DATE					
	ILE NOW!!! FEE IS \$150.00		t again to rigo in the	Str. co. c. c. chan . c	9. Election Campaign Financing \$5.00 May B
	May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D MAHAN, TROY C	☐ De∗etc	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	1871 WELLS RD., #1		STREET ADDRE	SS	
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADORE	22	
TITLE		☐ De/ete	TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS			NAME		وللمعتبر والربيريان والمراب المراب المراب المراب المراب المراب المراب
CITY-ST-ZIP			STREET ADDRE	SS	
LILTE		☐ Dalete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRE	re	
CITY-ST-ZIP			CITY-ST-ZIP	222	
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME CONCER LOCAL	00	
CITY-ST-ZIP			STREET ADDRE	35	
TITLE	***************************************	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME CODECT ADVIDE	00	
STREET ADDRESS STRY-ST-ZIP			STREET ADDRE	55	
indicated of the co	on this report or supplemental report is	s true and accurate and that no powered to execute this report	ny signature sna nas required by	all have the	ed in Section 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11