

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90001 016 ***150.00

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1. Entity Name
**AUDIOLOGY AND HEARING AIDS OF THE PALM
BEACHES, INC.**



Principal Place of Business
**4266 NORTH LAKE BLVD
WEST PALM BEACH, FL 33410**

Mailing Address
**4349 MARINERS COVE DR
WELLINGTON, FL 33467**

00000001



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2066932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOUST, DAWN A
4349 MARINERS COVE DR
WELLINGTON, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FOST, RICHARD W
STREET ADDRESS 4349 MARINERS COVE DR
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE PD
NAME FOST, DAWN A
STREET ADDRESS 4349 MARINERS COVE DR
CITY-ST-ZIP WELLINGTON, FL 33467

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CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dawn A. Foust

DAWN FOUST

2/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #