## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

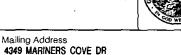
## P02000078927 **DOCUMENT#**

1. Entity Name

WELLINGTON FL 33467

AUDIOLOGY AND HEARING AIDS OF THE PALM BEACHES,

INC. Principal Place of Business 4349 MARINERS COVE DR



WELLINGTON FL 33467

## **FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90201 022 \*\*\*150.00

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2. Principal Place of Business  4766 Notice Lake BLD				3. Mailing Address				EDILEDI ILI BOLLO TIDIL EDILI DELLI EDILI	OBINI NOSON NONO NONO		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
La Bench Condens &				City & State			4. FEI Number Applied For Not Applicable				
Zip 3.3.	+10	Country Bine	Zip		Country			cate of Status Desired	\$9.75 Ad		
6. Name and Address of Current Reg				gistered Agent			7. Name	and Address of New Registered Agent			
						Name					
FOUST, DAWN A											
4349 MARINERS COVE DR						Street Address (P.O. Box Number is Not Acceptable)					
	TON FL 334				<b> </b>						
WELDING	1011111 304	O/			Ĺ						
					City				FL Zip Cod		
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 ag	ent and title if app	licable. (NOTE	: Registered Agent sig	nature required wh	hen reinstating	g) [	DATE		
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FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 h										O May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contribution.		to Fees	
10.		OFFICERS AN	ND DIRECTO	RS	11.		ADDITIO	NS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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:

Daytime Phone #