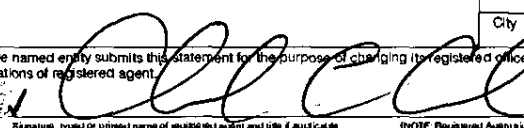
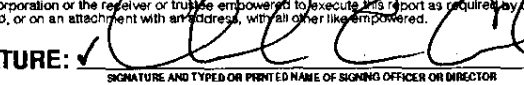


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90969 010 ***150.00

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

DOCUMENT # P02000112598			
1. Entity Name DADE-MIAMI HEARING, INC.			
Principal Place of Business 4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901		Mailing Address 4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901	
2. Principal Place of Business 6740 Holatee Tr Suite, Apt. #, etc.		3. Mailing Address 6740 Holatee Tr Suite, Apt. #, etc.	
City & State Davis FL		City & State Davis FL	
Zip FL		Country Broward	
4. FEI Number 32-0044448		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASH, CHARLES E 4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name Adrian Laidlaw Street Address (P.O. Box Number Is Not Acceptable) 6740 Holatee Trail City Davis FL Zip Code 33330	
A. 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 		DATE 13-26-03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CASH, CHARLES E 4125 CLEVELAND AVE, SUITE 120 FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Adrian Laidlaw 6740 Holatee Trail Davis FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTSD CASH, JAMES H JR. 4125 CLEVELAND AVE, SUITE 120 FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 		DATE 13-26-03	

CHREC34 (10/02)