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)

80074291

DOCUMENT # P02000112598

1. Entity Name
DADE-MIAMI HEARING, INC.

Principal Place of Business	Mailing Address
4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901	4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901

[redacted]

2. Principal Place of Business: 6740 Holatee Tr	3. Mailing Address: 6740 Holatee Tr		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☒ CHECK HERE IF MAKING CHANGES	
City & State: Davie	City & State: Davie	4. FEI Number: 31 - 0044448	Applied For / Not Applicable
Zip: FL Country: Broward	Zip: FL Country: Broward	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASH, CHARLES E 4125 CLEVELAND AVENUE 120 FT. MYERS, FL 33901	Name: Adrian Laidlaw Street Address (P.O. Box Number is Not Acceptable): 6740 Holatee Trail City: Davie FL Zip Code: 33330

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] 3-26-03

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, 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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Adrian Laidlaw 6740 Holatee Trail Davie FL 33330	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD CASH, JAMES H JR. 4125 CLEVELAND AVE, SUITE 120 FT. MYERS, FL 33901	☒ 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
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CR2E034 (10/02)

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: ✓ [signature] ✓ 3-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #