

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P02000127978  
 1. Entity Name  
 A DOCTOR'S HEARING CENTER, P.A.



Principal Place of Business      Mailing Address  
 3627 UNIVERSITY BLVD S., #210      3627 UNIVERSITY BLVD S., #210  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216

000000476289  
 04/06/06-80004-003 150.00



03062006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1665303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TOUSEY, CLAY B JR  
 ONE INDEPENDENT DR, STE 2600  
 JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ (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	D
NAME	BECK, RICHARD A M.D.
STREET ADDRESS	3627 UNIVERSITY BLVD STE 210
CITY - ST - ZIP	JACKSONVILLE, FL 322164211
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE 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: Richard A. Beck MD      3/16/06      904-399-5311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #