## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000052505

Title:

Name:

Address:

City-St-Zip:

Entity Name: MOORE HEARING ASSOCIATES, INC.

() Delete

606 SOUTHEST SOUTHWOOD TRAIL

MCGLYNN, CHARLES J

STUART, FL 34997

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1320 S.E. FEDERAL HWY. SUITE #207 STUART, FL 34994 US	2502 SE WILLOUGHBY BLVD STUART, FL 34994 US
<b>Current Mailing Address:</b>	New Mailing Address:
1320 S.E. FEDERAL HWY SUITE #207 STUART, FL 34994 US	2502 SE WILLOUGHBY BLVD STUART, FL 34994 US
FEI Number: 81-0621138 FEI Number A	oplied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Regist	ered Agent: Name and Address of New Registered Agent:
MC GLYNN, CHARLES J 1320 S.E. FEDERAL HWY SUITE #207 STUART, FL 34994 US	MC GLYNN, CHARLES J 2502 SE WILLOUGHBY BLVD STUART, FL 34994 US
The above named entity submits this stain the State of Florida.	tement for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	04/30/2007
Electronic Signature of	Registered Agent Date
Election Campaign Financing Trust Fund Cor	tribution ( ).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P ( ) Delete Name: MOORE, JOHN D Address: 594 SOUTHEAST SOUTHWOOD City-St-Zip: STUART, FL 34997 US	Title: ( ) Change ( ) Addition Name: TRAIL Address: City-St-Zip:
Title: VP ( ) Delete Name: MCGLYNN, CHARLES J	Title: ( ) Change ( ) Addition Name: TRAIL Address:
Address: 606 SOUTHEAST SOUTHWOOD City-St-Zip: STUART, FL 34997 US	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES J MC GLYNN S 04/30/2007

() Change () Addition