-2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # P03000072703				Secretary of State					
1. Entity Name HARBOR	AUDIOLOGY, P.A.					01-23-2004	1 90024 020) ***15	50.00
Principal Place	of Business	Mailing Address			- . ,				
•	SLVD STE 412	100 MADRID BLV	00 MADRID BLVD STE 412 Unta Gorda, FL 33950					-	
. Principal Pla	ace of Business	3. Mailing Address		<u>.</u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Number	066735	•		plied For t Applicable
Zip	Country	Zip	Cour	ntry .		of Status Desired		.75 Add	litional
	6. Name and Address of Curr	rent Registered Agent			7. Name and	Address of New I	Registered Age	nt	
LARKIN, MARILYN K				Name	•				
100 MADRI	D BLVD STE 412 RDA, FL 33950			Street Address	(P.O. Box Numb	er is Not Acceptabl	e)		
				City			FL	Zip Code	
	named entity submits this stateme			<u> </u>	 				
FILE	Signature, typed or printed name of registered NOWIII FEE IS \$150.00 y 1, 2004 Fee will be \$5	9. Election C	ampaign Fina Contribution.		5.00 May Be		DATE		
10.	OFFICERS /	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	ICERS AND DI	RECTOR!	S IN 11
TITLE		☐ Delete	TITL	E Pro	esident			Change	Addition
NAME STREET ADDRESS			NAA	AE M	ARILYN	K. LARKI	N, ALID	•	
CITY-ST-ZIP				Y-ST-ZIP	unta Go	rda FL	3395	0	
TITLE		☐ Delete	m		<u> </u>] Change	☐ Addition
NAME			NAA						
STREET ADDRESS CITY-ST-ZIP				EET ADDPRESS /-ST-ZIP					
TITLE		Delete		····]-Change ≅	- Addition
NAME			NAM	VE.				•	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					-
IMLE		□ Delete				24.000000000000000000000000000000000000		Change	Addition
NAME		23 0000	NAM	ME	•				
STREET ADDRESS	ييان يوايد الدائد المحمد	The second second		EET ADDRESS Y_ST_ZIP					
TITLE		☐ Delete			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Change	Addition
NAME	•		NAN					•	
STREET ADDRESS City-St-Zip				leet address Y-ST-Zip					
TITLE		Delete						Change	Addition
NAME			NA	_				-	
STREET ADDRESS CITY-ST-ZIP			4	REET ADDRESS Y-ST-ZIP					
12. I hereby condicated of the corp	ertify that the information supplied on this report or supplemental reporation or the receiver or trustee	empowered to execute this	alify for the ext that my signa report as requ	emption stated in S ature shall have the	Section 119.07(3) e same legal effe 07, Florida Statut	(i), Florida Statutes ct as if made under es; and that my nar	I further certify oath; that I am ne appears in B	that the in an officer lock 10 o	nformation or director r Block 11 if
changed,	or on an attachment with an addr	ress, with all other like empor	wered.	4.0	. , ,	7/04	941 5		
SIGNAT	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING O	FFICER OF THE	TOR		Date		me Phone #	,,,,

MARILYN K. LARKIN , Au.D.