2005 FOR PROFIT CORPORATION

FILED Apr 13, 2005 8:00 am

ANNUAL REPORT				Secretary of State
DOCUMENT # P03000072703				04-13-2005 90062 025 ***150.00
1. Entity Nam HARBOR	e AUDIOLOGY, P.A.			
			00 WE	
Principal Place	e of Business BLVD STE 412	Mailing Address 100 MADRID BLVD STE 4	12	
	A, FL 33950	PUNTA GORDA, FL 33950		
				\$ (CANADA) (IC DAIRE (IN) DERN BANK BANK BENK BENK BENK BENK BANK BANK BANK BANK BANK BIN BANK BANK BANK BANK
Principal Place of Business A Mailing Address A Mailing Address			n 12/1/	
100 MADRID BLVD 100 WADRIS Suite, Apt. #, etc. STE # 315			ID DLV	
			03282005 Chg-P CR2E034 (10/03)	
Punta Garaa FL Punta Gorda		L FL	4. FEI Number Applied For 20-0066735 Not Applicable	
Zip	150 Charlotte	Zip 220 60	Country Charlott	SS 75 Additional
				7. Name and Address of New Registered Agent
Name I ハロジ				ARKIN MARILUNK AU.D.
LARKIN, MARILYN K 100 MADRID BLVD STE 412			Street Ad	dress (P.O. Box Number is Not Acceptable)
PUNTA GORDA, FL 33950				DO MARKED BEAR 215, 210
City Punt				unta Gorda FL Zip God 950
City Punta Gordo FL Zip Gode 950 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOWILL FEE IS \$450.00 9. Election Campaign Financing \$5.00 May Be				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TATE .	p	1 Delete	TITLE	Larkin, marilyn K Au.D. X Change Addition
NAME STREET ADDRESS	LARKIN, MARILYN K AVID 100 MADRID BLVD STE 412		NAME Street address	100 MADRID Blud Ste#315
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Punta Gorda FL 33950
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			name Street address	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Detete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		:	NAME STREET ADDRESS	*
CITY+ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	·	'	name Street address	•
CITY+ST-ZIP			CITY-ST-ZIP	<u>'</u>
TITLE	·	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME Street address	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	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)(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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP