2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000097105

1. Entity Name

FRIENDSHIP HEARING AID CENTER, INC.



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address							
836 PINEBROOK PLAZA VENICE FL 34285 US			836 PINEBROOK PLAZA VENICE FL 34285 US							
2. Principal P	Place of Business - No P.O. Bi	0x # 3. Mailing Address	3. Mailing Address .			E4 22:22 thi 80 80 8	1111 1 2 22 JULII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 69 8		
Suite, Apt.	#. etc.	Sale, Apt. #, etc.	Sale, Apt. #, etc.			1st MOORE CR2E034 (10/07)				
City & Star	e	City & State	City & State			El Number 20-0198772 Applied For			• •	
Zıp	Country Z.p Gou			try	5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of	Current Registered Agent			7. Name and	d Address of New Re				
			Name				3			
836	IKIN, DOUGLAS W PINEBROOK PLAZA IICE FL 34285				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Co	de	
8 The angle	can aids stonds a vistos bomas	stamped factive pursuance of change	an in register	d office or a	Countries of morney or he	uta in the Cross of Flor		lineeh	and account	
	inamed entity sobmits this sta- ilons of registered agent.	itement for the purpose of chang:	ng its registere	a pince or re	egistered agent, or co	orn, in the State of Flor	юа, гаппат	mar with	, ала ассерг	
SIGNATURE	Signature, typed or the leaf learns of requ	stored agent and the Tanpt cable	(NOTE Registree	i Agant sejnetarn	regulari wacii reinetatir g)		DATE			
After	ILE NOW!!! FEE IS \$15 May 1, 2008 Fee Will Be k Payable to Florida Depar	\$550.00				9. Election Campai Trust Fund Contr	.,		.00 May Be led to Fees	
anto far State o t 10.		ERS AND DIRECTORS	111.		ADOITIONS	/CHANGES TO OFFIC	YEDS AND DI	PECTO	OC IN 11	
TITLE	PS			Т	ADDITIONS	CHANGES TO OFFIC				
NAME	RAMKIN, DOUGLAS W	☐ Derete	NAME	- 1		มกลกกลอง		Change	Addition	
STREET ADDRESS				T ADORESS		000000836398 03/04/08-80016-005 150.00				
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nic <u>t</u>		□ Dreic	TITLE					Change	Addition	
NAME		D. 610	HAME				i.			
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	ST- ZIP						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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 my an address, with all other like empowered.

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SIGNATURE: 2

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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