

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097105

FILED
Mar 18, 2009
Secretary of State

Entity Name: FRIENDSHIP HEARING AID CENTER, INC.

Current Principal Place of Business:

836 PINEBROOK PLAZA
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

836 PINEBROOK PLAZA
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 20-0198772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMKIN, DOUGLAS W
836 PINEBROOK PLAZA
VENICE, FL 34285 US

Name and Address of New Registered Agent:

RANKIN, DOUGLAS W
836 PINEBROOK PLAZA
VENICE, FL 34285 US

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.

SIGNATURE: DOUGLAS W. RANKIN

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: RAMKIN, DOUGLAS W
Address: 836 PINEBROOK PLAZA
City-St-Zip: VENICE, FL 34285 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: RANKIN, DOUGLAS W
Address: 836 PINEBROOK PLAZA
City-St-Zip: VENICE, FL 34285 US

Title: VP () Change (X) Addition
Name: BERHALTER, STEVEN
Address: 1274 SORRENTO WOODS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Change (X) Addition
Name: BERHALTER, ROBERTA
Address: 1274 SORRENTO WOODS BLVD
City-St-Zip: NOKOMIA, FL 34275

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.

SIGNATURE: DOUGLAS W. RANKIN

PS

03/18/2009

Electronic Signature of Signing Officer or Director

Date