

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089945

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** QUALITY HEARING CENTERS OF FLORIDA, INC.

**Current Principal Place of Business:**

2614 LAKELAND HILLS BLVD  
UNIT 5  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

475 MONTGOMERY PL  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-1224793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY GOLDBERG LEACH AND COHN PL  
475 MONTGOMERY PL  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S, ( ) Delete  
Name: JOHNSON, MICHAEL A  
Address: 3839 VALENCIA GROVE LN  
City-St-Zip: ORLANDO, FL 328171726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL JOHNSON

PS

04/14/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date