


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P05000129463 1. Entity Name LAKELAND PROFESSIONAL HEARING CENTER, INC.	
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Principal Place of Business 5375 NORTH SOCRUM LOOP ROAD LAKELAND, FL 33809	Mailing Address 1412 WYNGATE LANE LAKELAND, FL 33809
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DO NOT WRITE IN THIS SPACE



02232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3519824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHOWALTER, TONYA L M.S.
1412 WYNGATE LANE
LAKELAND, FL 33809

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After, May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000900889 04/29/08-80044-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOWALTER, TONYA L M.S. 1412 WYNGATE LANE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOWALTER, NATHAN J 1412 WYNGATE LANE LAKELAND, FL 33809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE:  4/11/08 863-859-0754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #