

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000132827

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED HEARING & AUDIOLOGY, INC.

**Current Principal Place of Business:**

1317 HWY. 41,NORTH  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

1111 NE 25TH AVE  
OCALA, FL 34470 US

**Current Mailing Address:**

1111 NE 25TH AVE  
204  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 84-1692400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, CHARLES D ESQ.  
907 WEBSTER STREET  
LEESBURG, FL 34748 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALDEN, ERNEST E  
Address: 1317 HWY 41, N  
City-St-Zip: INVERNESS, FL 34450 US

Title: VD  
Name: BITTERS, ROBERT  
Address: 1317 HWY 41, N  
City-St-Zip: INVERNESS, FL 34450 US

I hereby 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 all other like empowered.

SIGNATURE: ERNEST E WALDEN

PD

02/06/2011

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

\_\_\_\_\_  
Date