
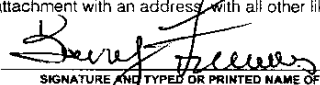


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90847 007 \*\*\*550.00

<b>DOCUMENT # P05000153931</b>					
<b>1. Entity Name</b> FLORIDA HEARING AND BALANCE INSTITUTE, INC.					
<b>Principal Place of Business</b> 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021			<b>Mailing Address</b> 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-3824617	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BLOOMGARDEN, PAUL M PINE ISLAND COMMONS, SUITE 208 8551 WEST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33322			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, BARRY A PH.D. 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROBMAN, LAWRENCE 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGUÁN, ABRAHAM MD 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUL, RICHARD PH.D 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHE, FREDERICK AU.D. 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMKER, BRETT PH.D. 3850 HOLLYWOOD BLVD., #401 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete			
<b>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 like empowered.</b>					
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date: 4/27/07 Daytime Phone #: 9548178022					

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