


**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90033 035 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P06000009338</b>			
1. Entity Name: <b>EAR MEDICAL CENTER, INC.</b>			
Principal Place of Business <b>272 FOUR KNOT LANE OSPREY, FL 34229</b>		Mailing Address <b>272 FOUR KNOT LANE OSPREY, FL 34229</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>31-1363176</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUSTARD, R. DAVID 200 S ORANGE AVE SARASOTA, FL 34238</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and agent as possible. (NOTE: Registered Agent's signature is required when a secretary is appointed.)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>President Claude P. Hobeika 272 Four Knot Lane OSPREY, FL 34229</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SECRETARY Janilyn Welsh 6589 Colerain Ave, Ste B Cincinnati, OH 45239</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further, I 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 its 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 IMA empowered.			
SIGNATURE: <u>Janilyn M. Welsh - Janilyn M. Welsh</u>		Date: <u>06-28-07</u>	
<small>SIGNATURE MUST BE TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date</small>	