

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078205

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA HEARING SERVICES, INC

**Current Principal Place of Business:**

1224 N PEACOCK AVE  
PERRY, FL 32347

**New Principal Place of Business:**

89 NINA LANE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

P.O. BOX 1229  
PERRY, FL 32348

**New Mailing Address:**

P.O. BOX 424  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** 20-4984199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSSELL, JEFFREY D  
1224 N PEACOCK AVE  
PERRY, FL 32347 US

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

RUSSELL, JEFFREY D  
89 NINA LANE  
PONTE VEDRA BEACH, FL 32082 US

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

01/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: RUSSELL, JEFFREY D  
Address: 89 NINA LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P  
Name: RUSSELL, JEFFREY D  
Address: 89 NINA LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: RUSSELL, ANNE C  
Address: 89 NINA LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JEFFREY D RUSSELL

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

P

01/20/2011

\_\_\_\_\_  
Date