
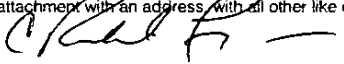
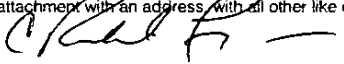
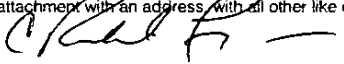


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 005 ***150.00

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1. Entity Name CENTER FOR HEARING & AUDITORY DISORDERS OF NAPLES, INC.																																																																																																																																																																																			
Principal Place of Business 1000 NORTH TAMiami 403 NAPLES, FL 34102 US			Mailing Address 1000 NORTH TAMiami 403 NAPLES, FL 34102 US																																																																																																																																																																																
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City & State Zip Country		City & State Zip Country		4. FEI Number 20-5227587																																																																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																																																																															
6. Name and Address of Current Registered Agent FRAGER, C. RICKARD 1000 NORTH TAMiami 403 NAPLES, FL 34102																																																																																																																																																																																			
7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="padding: 2px;">FRAGER, C. Richard</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">1000 North Tamiami</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Naples</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">34102</td> </tr> </table>						Name	FRAGER, C. Richard	Street Address (P.O. Box Number is Not Acceptable)	1000 North Tamiami	City	Naples	State	FL	Zip Code	34102																																																																																																																																																																				
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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. <table style="width:100%;"> <tr> <td style="width:35%; text-align: center; vertical-align: bottom;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:35%; text-align: center; vertical-align: bottom;"> C. Richard Frager <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; text-align: center; vertical-align: bottom;"> 03/27/07 <small>DATE</small> </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	C. Richard Frager <small>(NOTE: Registered Agent signature required when reinstating)</small>	03/27/07 <small>DATE</small>																																																																																																																																																																											
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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 like empowered.																																																																																																																																																																																			
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