

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121028

Entity Name: JDS FLORIDA HEARING CENTERS, INC.

FILED  
Jan 15, 2008  
Secretary of State

## Current Principal Place of Business:

AMPLIFON HEARING AID CENTERS % WAL-MART  
14821 SIX MILE CYPRESS PKWY  
FT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

AMPLIFON HEARING AID CENTERS % WAL-MART  
14821 SIX MILE CYPRESS PKWY  
FT MYERS, FL 33912

## New Mailing Address:

FEI Number: 20-5160570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESIMONE, JOSEPH JR.  
9828 CATENA WAY  
UNIT 101  
FT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DESIMONE, JOSEPH J SR.  
Address: 15 GALLANT FOX DRIVE  
City-St-Zip: MEDIA, PA 19063

Title: STD ( ) Delete  
Name: DESIMONE, JOSEPH JR.  
Address: 9828 CATENA WAY, UNIT 101  
City-St-Zip: FT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: DESIMONE, JOSEPH J SR.  
Address: 15 GALLANT FOX DRIVE  
City-St-Zip: MEDIA, PA 19063

Title: MR (X) Change ( ) Addition  
Name: DESIMONE, JOSEPH JR.  
Address: 9828 CATENA WAY, UNIT 101  
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH DESIMONE SR

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

Date