2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121028

FT MYERS, FL 33908

City-St-Zip:

Entity Name: JDS FLORIDA HEARING CENTERS, INC.

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
14821 SIX	N HEARING AI MILE CYPRES S, FL 33912	D CENTERS % WAL-MART SS PKWY			
Current Mailing Address:			New Mailing Address:		
AMPLIFON HEARING AID CENTERS % WAL-MART 14821 SIX MILE CYPRESS PKWY FT MYERS, FL 33912			1100 MAULE LANE WEST CHESTER, PA 19382		
FEI Number	: 20-5160570	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
9828 CATI UNIT 101 FT MYERS The above	S, FL 33908 L	JS	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MR (DESIMONE, JO 15 GALLANT F MEDIA, PA 19	OX DRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	DESIMONE, JO) Delete DSEPH JR. WAY UNIT 101	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

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 PRES 04/29/2009