

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000382

Entity Name: A PLUS HEARING CENTER, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

1647 SUN CITY CENTER PLAZA, SUITE 204C
SUN CITY CENTER, FL 33573

New Principal Place of Business:

1647 SUN CITY CENTER PLAZA,
SUITE 204 C
SUN CITY CENTER, FL 33573

Current Mailing Address:

1647 SUN CITY CENTER PLAZA, SUITE 204C
SUN CITY CENTER, FL 33573

New Mailing Address:

1647 SUN CITY CENTER PLAZA,
SUITE 204 C
SUN CITY CENTER, FL 33573

FEI Number: 26-1667456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILEY, CLARISSA M
1647 SUN CITY CENTER PLAZA, SUITE 204C
SUN CITY CENTER, FL 33573 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: DPST () Delete
Name: GUILEY, CLARISSA M
Address: PO BOX 3556
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: CLARISSA M GUILEY

DPST

03/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date