

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000382

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** A PLUS HEARING CENTER, INC.

**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