2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091047

Entity Name: FLORIDA MEDICAL HEARING AIDS INC II

FILED Aug 30, 2009 Secretary of State

,					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	RKMAN ROAI D, FL 32819	D, STE 310			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	A PARK BLVE D, FL 32829				
FEI Number	: 38-3786549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	EGGY A PARK BLVI D, FL 32829) US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (EARLY, PEGG 7255 VISTA PA ORLANDO, FL	ARK BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (EARLY, WILLI 7255 VISTA PA ORLANDO, FL	ARK BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PEGGY EARLY D 08/30/2009