

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081257

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** HEARING AID CENTERS OF SW FLORIDA INC

**Current Principal Place of Business:**

1469 COLONIAL BLVD  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

1469 COLONIAL BLVD  
#110  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

1469 COLONIAL BLVD  
FORT MYERS, FL 33907 US

**New Mailing Address:**

1469 COLONIAL BLVD  
#110  
FORT MYERS, FL 33907 US

**FEI Number:** 27-1043016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAHILLY, PATRICK  
107 SE 8TH PL  
CAPE CORAL, FL 33990 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:** P  
**Name:** RAHILLY, PATRICK  
**Address:** 107 SE 8TH PL  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** VP  
**Name:** LAURA, RAHILLY M  
**Address:** 107 SE 8TH NPL  
**City-St-Zip:** CAPE CORAL, FL 33990 US

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICK RAHILLY

P

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date