

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000092916

**FILED**  
**Mar 19, 2013**  
**Secretary of State**

**Entity Name:** NATIONAL HEARING AID PRACTICE PROBLEM SOLVERS, INC.

**Current Principal Place of Business:**

3 LAKE EDEN DR.  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

8643 DAYSTAR RIDGE PT.  
BOYNTON BEACH, FL 33473 US

**Current Mailing Address:**

3 LAKE EDEN DR.  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

8643 DAYSTAR RIDGE PT.  
BOYNTON BEACH, FL 33473 US

**FEI Number:** 27-1315869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOMB, NORMAN  
3 LAKE EDEN DR.  
BOYNTON BEACH, FL 33435 US

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

DOMB, NORMAN  
8643 DAYSTAR RIDGE PT.  
BOYNTON BEACH, FL 33473 US

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:** NORMAN DOMB

03/19/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DOMB, NORMAN  
**Address:** 8643 DAYSTAR RIDGE PT.  
**City-St-Zip:** BOYNTON BEACH, FL 33473 US

**Title:** VP  
**Name:** DOMB, SHERRIE  
**Address:** 8643 DAYSTAR RIDGE PT.  
**City-St-Zip:** BOYNTON BEACH, FL 33473 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:** NORMAN DOMB

P

03/19/2013

Electronic Signature of Signing Officer or Director

Date