

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093548

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** AUDIBEL HEARING CENTERS OF BROWARD INC

**Current Principal Place of Business:**

7577 NORTHWEST 25TH STREET  
MARGATE, FL 33063

**New Principal Place of Business:**

9350 WEST COMMERCIAL BOULEVARD  
SUNRISE, FL 33351

**Current Mailing Address:**

7577 NORTHWEST 25TH STREET  
MARGATE, FL 33063

**New Mailing Address:**

9350 WEST COMMERCIAL BOULEVARD  
SUNRISE, FL 33351

**FEI Number:** 90-0632896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHULMAN, STEVEN  
7577 NORTHWEST 25TH STREET  
MARGATE, FL 33063 US

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

SHULMAN, STEVEN  
9350 WEST COMMERCIAL BOULEVARD  
SUNRISE, FL 33351 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHULMAN, STEVEN  
Address: 9350 WEST COMMERCIAL BOULEVARD  
City-St-Zip: SUNRISE, FL 33351

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: STEVEN SHULMAN

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

P

02/17/2011

\_\_\_\_\_  
Date