

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14251

1. Corporation Name
HEARX LTD. INC.

Principal Place of Business 1250 NORTHPOINT PARKWAY WEST PALM BCH FL 33407	Mailing Address 1250 NORTHPOINT PARKWAY WEST PALM BCH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2748248	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BROWN, PAUL A., M.D.	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HANSBROUGH, STEPHEN	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARCHIBOLD, THOMAS	
STREET ADDRESS	10 CLINTON AVENUE	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KEE, TOMMY	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLACHLAN, DAVID	
STREET ADDRESS	ONE KENDALL PLACE	
CITY-ST-ZIP	CAMBRIDGE MA 02139	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, DONNA L	
STREET ADDRESS	12551 SHORESIDE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Bachman	
1.3 STREET ADDRESS	1250 Northpoint Parkway	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Bachman Date: 2/1/99 Daytime Phone #: 561-478-8770

CR2E034 (11/98)