

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 018 ***150.00

0367243

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1987

4. FEI Number

22-2748248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME BROWN, PAUL A., M.D.
STREET ADDRESS 1250 NORTHPOINT PARKWAY
CITY-ST-ZIP WEST PALM BCH FL 33407

TITLE P ☐ DELETE
NAME HANSBROUGH, STEPHEN
STREET ADDRESS 1250 NORTHPOINT PARKWAY
CITY-ST-ZIP WEST PALM BCH FL 33407

TITLE D ☐ DELETE
NAME ARCHIBOLD, THOMAS
STREET ADDRESS 10 CLINTON AVENUE
CITY-ST-ZIP RIDGEWOOD NJ 07450

TITLE T ☒ DELETE
NAME KEE, TOMMY
STREET ADDRESS 1250 NORTHPOINT PARKWAY
CITY-ST-ZIP WEST PALM BCH FL 33407

TITLE D ☐ DELETE
NAME MCLACHLAN, DAVID
STREET ADDRESS ONE KENDALL PLACE
CITY-ST-ZIP CAMBRIDGE MA 02139

TITLE V ☐ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
Barbara Bachman - Secretary

Date

2/1/99

Daytime Phone #

561-478-8770

CR2E034 (11/98)