

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90021 031 ***150.00

DOCUMENT # P14251
 1. Entity Name
HEARX LTD. INC.

Principal Place of Business Mailing Address
1250 NORTHPOINT PARKWAY **1250 NORTHPOINT PARKWAY**
WEST PALM BCH FL 33407 **WEST PALM BCH FL 33407-1948**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-2748248** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

11. 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	S	<input type="checkbox"/> Delete
NAME	BACHMAN, BARBARA	
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 checked="" type="checkbox"/> Delete
NAME	TAYLOR, DONNA L.	
STREET ADDRESS	12551 SHORESIDE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEKLENK, JAMES	
STREET ADDRESS	1250 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GITTERMAN JOSEPH	
STREET ADDRESS	WOODGATE FARM	
CITY-ST-ZIP	55 SHINAR MOUNTAIN RD WASHINGTON DEPOT, CT 06794-1712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Bachman* Date: *1/31/00* Daytime Phone #: *561-478-8770*

CR2E034 (9/99)