

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14251

1. Entity Name
HEARX LTD. INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90304 030 ***150.00

Principal Place of Business
1250 NORTHPOINT PARKWAY
WEST PALM BCH FL 33407

Mailing Address
1250 NORTHPOINT PARKWAY
WEST PALM BCH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-2748248

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME D
STREET ADDRESS GITTERMAN, JOSEPH
CITY-ST-ZIP WOODGATE FARM
55 STANAR MOUNTAIN RD
WASHINGTON DEPOT, CT 06794-1712 ☐ Change ☒ Addition

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

TITLE
NAME V
STREET ADDRESS PEKLENY, JAMES
CITY-ST-ZIP 1250 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS 10439 FAIRWAY LANE
CITY-ST-ZIP CARMEL, CA 93923 ☒ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS BACHMAN, BARBARA
CITY-ST-ZIP 1250 NORTHPOINT PARKWAY
WEST PALM BCH FL 33407 ☐ Delete

TITLE
NAME V
STREET ADDRESS TAYLOR, DONNA L
CITY-ST-ZIP 1250 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Paula Bachman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 561-478-8770
Date Daytime Phone #

CR2E034 (10/00)