

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90138 006 ***150.00

DOCUMENT # P14251

1. Entity 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

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, 2002 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
STREET ADDRESS
CITY-ST-ZIP
**CD
BROWN, PAUL A., M.D.
1250 NORTHPOINT PARKWAY
WEST PALM BCH FL 33407** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARCHIBOLD, THOMAS
10439 FAIRWAY LANE
CARMEL CA 93923** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCLACHLAN, DAVID
51 BRENTWOOD RD
CHELMSFORD, MA 01824** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCLACHLAN, DAVID
51 BRENTWOOD RD
CHELMSFORD, MA 01824** ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02 54-478-8770

CR2E034 (9/01)