2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90423 029 ***150.00

DOCUMENT # P14251

1. Entity Name
HEARUSA, INC.

40076896

04252006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1250 NORTHPOINT PARKWAY WEST PALM BCH, FL 33407	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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	Secretary/VP of Accounting Denise Pottlitzer 1250 Northpoint Parkway West Palm Beach, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO HANSBROUGH, STEPHEN 1250 NORTHPOINT PARKWAY WEST PALM BCH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D michel Labadie 1250 North point Parkway West Palm Beach, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO CHOUINARD, GINO 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE BAGNI 1250 NORTH POINT PARKWAY WEST PALM BEACH, FL 33407	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, ARCHIBALD 1342 ARENA AVE. PACIFIC GROVE, CA 93950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLACHLAN, DAVID 51 BRENTWOOD RD. CHELMSFORD, MA 01824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GITTERMAN, JOSEPH 55 SHINAR MOUNTAIN RD. WASHINGTON DEPOT, CT 067941712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/06 561-693-7530
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #