2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P14251

Entity Name: HEARUSA, INC.

Current Principal Place of Business:

1250 NORTHPOINT PARKWAY
WEST PALM BCH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1250 NORTHPOINT PARKWAY
WEST PALM BCH, FL 33407

New Mailing Address:

FEI Number: 22-2748248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, PAUL
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CB ( ) Delete
Name: HANSBROUGH, STEPHEN
Address: 1250 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BCH, FL 33407

Title: CFO ( ) Delete
Name: CHOUINARD, GINO
Address: 1250 NORTHPOINT PKWY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: THOMAS, ARCHIBALD
Address: 1342 ARENA AVE.
City-St-Zip: PACIFIC GROVE, CA 93950

Title: D ( ) Delete
Name: MCLACHLAN, DAVID,
Address: 51 BRENTWOOD RD.
City-St-Zip: CHELMSFORD, MA 01824

Title: D ( ) Delete
Name: GITTERMAN, JOSEPH
Address: 55 SHINAR MOUNTAIN RD.
City-St-Zip: WASHINGTON DEPOT, CT 067941712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: CHOUINARD, GINO
Address: 1250 NORTHPOINT PKWY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE POTTLITZER VP 03/09/2009

Electronic Signature of Signing Officer or Director Date