

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 011 ***150.00

DOCUMENT # P14251

1. Entity Name
HEARUSA, INC.



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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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
☐ 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
Chief Executive Officer ☒ 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
**CFO
Gino Chouinard
1250 North Point Parkway
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
**D
Michel Labadie
90 Beaubien Ouest Ste 101
Montreal, Quebec H2S 1V6** ☐ 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
**D
Steve Forget
189 Hymus, Ste 307
Pointe Claire, Qc H9R 1E9** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GITTEMAN, JOSEPH
55 SHINAR MOUNTAIN RD.
WASHINGTON DEPOT CT 06794-1712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pierre Bourgie
1980 Boul. Rene-Levesque O.
Montreal, Quebec H3H 1R6** ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul A. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

561-478-8770

CR2E034 (10/02)