


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # P27845 1. Entity Name INTEGRATED HEARING SERVICES, INC.	
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Principal Place of Business 1841 WEST OAK PKWY SUITE A MARIETTA, GA 30062 US	Mailing Address 1841 WEST OAK PKWY SUITE A MARIETTA, GA 30062 US
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1843123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000031159
02/04/04-80132-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHEELLOCK, ARGIL MD 1841 WEST OAK PKWY - SUITE A MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BECK, VICTORIA 1841 WEST OAK PKWY - SUITE A MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGAHAN, MARTIN 1841 WEST OAK PKWY - SUITE A MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIDERMANN, TED S 1841 WEST OAK PKWY., STE A MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ted S. Biderman Ted S. Biderman, Secretary 1/16/04 (770) 419-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #