FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000080656 (0)**

1. Corporation Name
AMERICAN HEARING CLINICS, INC.

Principal Place of Business
5307 S. FLORIDA AVE.
LAKELAND FL 33813

Mailing Address
P.O. BOX 6354
LAKELAND FL 33807

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3286523** — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~FENDER, JERRY L~~
~~221 ORANGE VIEW LANE~~
~~G-6~~
~~LAKELAND FL 33803~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM L. NICKELL
82 Street Address (P.O. Box Number is Not Acceptable): 1114 Hallamwood Ct.
83
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William L. Nickell — DATE: 4-29-96

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	NICKELL, WILLIAM L	
STREET ADDRESS	1114 HALLAMWOOD CT	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VP	[ ] DELETE
NAME	NICKELL, SHERRIE B	
STREET ADDRESS	1114 HALLAMWOOD CT	
CITY - ST - ZIP	LAKELAND FL	
TITLE	S	[X] DELETE
NAME	FENDER, JERRY L	
STREET ADDRESS	6075 S FLORIDA AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SECRETARY	[X] Change [ ] Addition
3.2 NAME	Dr. M. Richard NAVARRO, Ph.D	
3.3 STREET ADDRESS	6075 S. Florida Ave	
3.4 CITY - ST - ZIP	Lakeland, FL 33813	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth[illegible] certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made u[illegible] 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 nam[illegible] appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Nickell — Date: 4-29-96 — Daytime Phone #: 941-644-855[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. NICKELL

CR2E034 (12/95)

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