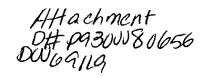
2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93 000080656 Jul 11, 2000 8:00 am AMERICON HEARING CLINICS, TWC. Secrétary of State 07-11-2000 90176 011 \*\*\*158.75 Principal Place of Business Mailing Address 5307 S. FLORIDA AUC Cakelano, H. 33813 p.o. Box 6359 Lak-elano, 71. 000891192. Principal Place of Business 3. Mailing Address P. O. Box 6354 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Staty Staty St. Calculator, St. Zip Cour 33807 4. FEI Number Applied For 59-3286523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent NICKELL, WILLIAM 1114 HALLAMWOOD OF Lakeland, H 33813 Street Address (P.O. Box Number is Not Acceptable) HUNTER F 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 SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NICKELLI WILLIAM L NAME NAME HUNTERFIELD Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ARRO, Dr. M RICHARD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIT) F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address





July 6, 2000

To: Whom It May Concern

Dear Sirs:

I am writing pursuant my phone conversation with Shawn of this date. It was necessary to obtain a blank copy to file the Uniform Business Report and in accordance with this days conversation I am enclosing a check for \$158.75.

Thanking you for your assistance I remain,\_

Dickell

Yours truly,

WILLIAM L. NICKELL

President

**American Hearing Clinics** 

wln/fg

copies:

file