## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P94000016888 (7)

ADVANCED HEARING CENTER, INC.

Principal Place of Business

Mailing Address

FILED May 01, 1996 08:00 AM Secretary of State

	8     <b>3  </b>	

JUPITER FL 3	SIDE CIRCLE 33477	106 HARBORSIDE CIF JUPITER FL 33477	RCLE	3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
21 198	5 U.S. Hwy. ONE	26		65-0479072	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24 334	OS 25 PALM BEALL	Zip <b>₫ 29</b>	Country 30	8. This corporation has liability for it Florida Statutes X Yes	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	EONARD P		82 Street Add	iress (P.O. Box Number is Not Acceptabl	e)
	RBORSIDE CIRCLE			recommendado acomposidado estado e servidade e de casas, se tente em de destados, e tente estados de servidad	
JUPITER	R FL 33477		83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named corpo	oration submits this statement for the purpard of directors. Thereby accept the appo	pose of changing its registered office
familiar with	th, and accept the obligations of, Secti	on 607.0505, Florida Statute	S.	and of directors. Thereby accept the apple	intificial as registered agent. I am
SIGNATURE _	Signature, typod or printed name of registered agent	T. S. ST. 1977. (A. S. )	IOTE Registered Agent signature require	ed when reinstating	
 12.	Signature, typed or printso name of registered against OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	DP	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	ZINNI, LEONARD P	_	1.2 NAME		
STREET ADDRESS	106 HARBORSIDE CIRCLE		1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-7/P			1.3 STREET ADDRESS 1.4 CITY - ST - 2IP		
	106 HARBORSIDE CIRCLE	☐ DELETE			☐ Change ☐ Addition
CITY-ST-7:P	106 HARBORSIDE CIRCLE	☐ DELETE	1.4 CITY-ST-2IP		☐ Change ☐ Addition
CHTY-ST-7:P TITLE	106 HARBORSIDE CIRCLE	DELETE	1.4 CITY - ST - 2IP 2. 1 TITLE	······································	Change Addition
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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 further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

407625555