2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000045631

1. Entity Name
HEARING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
521 NW 65 AV MARGATE, FL 33063	521 NW 65 AV MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

02292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0508429	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ENTIN, RICHARD C
8411 W OAKLAND PARK BLVD
SUNRISE, FL 33351

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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 restating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000845057
03/13/08-80023-022 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	CHONKA, JOHN A	
STREET ADDRESS	521 NW 65 AVE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	S	
NAME	CHONKA, JOHN A	
STREET ADDRESS	521 N W 65 AVE	
CITY-ST-ZIP	MARGATE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Jhn A. Chonka_   2/29/08   (954) 650-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #