

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000070637 (1)

1. Corporation Name

SEMINOLE HEARING, INC.

APPROVED
AND
FILED

95 APR 19 AM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8000 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address

8000 SEMINOLE BLVD.
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59 3269344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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. 189.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name P A T A L L R A I R I E H

82

Street Address (P.O. Box Number is Not Acceptable)
7600 BAY SHORE DR 401A

83

84

City TREN LEE

FL

85

Zip Code 33706

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

P A T A L L R A I R I E H

4-12-95

(Signature typed or printed name of registered agent and fee applicant)

(NOTE: Registered Agent signature required when the address)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, MORRIS B
STREET ADDRESS 8000 SEMINOLE BLVD.
CITY, ST, ZIP SEMINOLE FL 34642

TITLE
NAME DAVIS BETTYE J PRES
STREET ADDRESS 8000 SEMINOLE BLVD
CITY, ST, ZIP SEMINOLE FL 34642

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

TITLE
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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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(1)(b), 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:

MORRIS B DAVIS

4-12-95 813 58 4666