FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:05

DOCUMENT # **P94000074023 (0)**

1. Corporation Name
MARION HEARING CENTER, INC.

Principal Place of Business	Mailing Address
3677 SUNCREST DR LAKE WORTH FL 33467	3677 SUNCREST DR LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 8602 SW Hwy.200	26 8602 SW Hwy.200
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27 Suite E
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34481 Country 25 Marion	Zip 29 34481 Country 30 Marion

4. FEI Number: 65-0525059 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RINALDI, RICHARD J 3677 SUNCREST DR LAKE WORTH FL 33467	81 Name: Rinaldi, Richard J. 82 Street Address (P.O. Box Number is Not Acceptable): 8602 SW Hwy.200 83: Suite E 84 City: Ocala FL 85 Zip Code: 34481

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: Richard J. Rinaldi Richard J. Rinaldi 3/30/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DPVT	☒ Change ☐ Addition
NAME	RINALDI, RICHARD J	12 NAME	Rinaldi, Richard J.	
STREET ADDRESS	3677 SUNCREST DR	13 STREET ADDRESS	8602 SW Hwy.200, Ste. E	
CITY-ST-ZIP	LAKE WORTH FL 33467	14 CITY-ST-ZIP	Ocala, FL 34481	
TITLE	D	21 TITLE	DS	☒ Change ☐ Addition
NAME	RINALDI, SUSAN E	22 NAME	Rinaldi, Susan E.	
STREET ADDRESS	3677 SUNCREST DR	23 STREET ADDRESS	8602 SW Hwy.200, Ste. E	
CITY-ST-ZIP	LAKE WORTH FL 33467	24 CITY-ST-ZIP	Ocala, FL 34481	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Richard J Rinaldi Richard J. Rinaldi 3/30/95 (904)873-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

087247Z CP