

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000074023

1. Entity Name
MARION HEARING CENTER, INC.



Principal Place of Business

8602 SW HWY 200
SUITE E
OCALA, FL 34481 US

Mailing Address

8602 SW HWY. 200
SUITE E
OCALA, FL 34481 US



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0525059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RINALDI, RICHARD J
8602 SW HWY 200
SUITE E
OCALA, FL 34481

DO NOT WRITE
IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPVT
RINALDI, RICHARD J
8602 SW HWY. 200, STE E
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
RINALDI, SUSAN E
8602 SW HWY. 200, SUITE E
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000667193
03/26/07-80018-019 150.00

DO NOT WRITE
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:

Richard J. Rinaldi (RICHARD J. RINALDI)

3-14-07

3528731722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #