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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000080279 (0)

1. Corporation Name

THE TAMPA BAY HEARING & BALANCE CENTER, P.A.



Principal Place of Business

C/O HARBOURSIDE MEDICAL TOWER
#610 4 COLUMBIA DRIVE
TAMPA FL 33606
US

Mailing Address

C/O HARBOURSIDE MEDICAL TOWER
#610. 4 COLUMBIA DRIVE
TAMPA FL 33606
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

03/04/1996

4. FEI Number

59-3274171

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

BARTELS, LOREN J
2504 HIGH OAKS LN
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARTELS, LOREN J
STREET ADDRESS 2504 HIGH OAKS LN
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

TITLE V
NAME FERNANDEZ, LISA
STREET ADDRESS 2504 HIGH OAKS LN
CITY-ST-ZIP LUTZ FL 33549 ☒ DELETE

TITLE S
NAME LYONS, SHIRLEY
STREET ADDRESS 2504 HIGH OAKS LN
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 VP
2.3 STREET ADDRESS BARTELS, LINDA
2.4 CITY-ST-ZIP 2504 HIGH OAKS LN
LUTZ FL 33549

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VP FOR AUDIOVESTIBULAR SERV
3.3 STREET ADDRESS BENJAMIN, SHARRI
3.4 CITY-ST-ZIP 2504 HIGH OAKS LN
LUTZ FL 33549

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 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-

SIGNATURE [Signature] 3/6/97

CR2E034 (9/96)