

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90013 049 \*\*\*150.00

DOCUMENT # P94000080279

1. Entity 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

50000850



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3274171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTELS, LOREN J  
2504 HIGH OAKS LN  
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name

Bartels, Loren J

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

6328 W MacLaurin Dr

City

Tampa

FL

Zip Code

33647-1163

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME BARTELS, LINDA  
STREET ADDRESS 2504 HIGH OAKS LN  
CITY-ST-ZIP LUTZ, FL ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Bartels, Linda  
STREET ADDRESS 6328 W MacLaurin Dr  
CITY-ST-ZIP Tampa FL 33647-1163 ☐ Change ☐ Addition

TITLE S  
NAME Shirley Lyons  
STREET ADDRESS 11875 RainTree Dr  
CITY-ST-ZIP Temple Terrace FL 33617 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-05

Date

813/844-4900

Daytime Phone #