

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000080279

FILED
Jan 13, 2003
Secretary of State

Entity Name: THE TAMPA BAY HEARING & BALANCE CENTER, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3274171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BARTELS, LINDA
Address: 2504 HIGH OAKS LN
City-St-Zip: LUTZ, FL

Title: S () Delete
Name: LYONS, SHIRLEY
Address: 2504 HIGH OAKS LN
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOREN J BARTELS

PRES

01/13/2003

Electronic Signature of Signing Officer or Director

_____ Date