2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000083046

1. Entity Name
AMERICA'S CHOICE HEARING CENTER, INC.

FILED
04 JUL -7 AM 9: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
5924 S. ORANGE AVENUE ORLANDO FL 32809	5924 S. ORANGE AVENUE ORLANDO FL 32809

2. Principal Place of Business	3. Mailing Address
6044 S. ORANGE AVE	6044 S. ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32809 Country: ORANGE	Zip: 32809 Country: ORANGE

4. FEI Number 59-3282773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CONSTANCE
5924 S. ORANGE AVENUE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Constance Jones April 29, 2004
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	JONES, CONSTANCE I.	
STREET ADDRESS	828 IBSEN AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	Director	☐ Delete
NAME	John Butler	
STREET ADDRESS	2830 Larkspur Rd.	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400039351584	☐ Change ☐ Addition
NAME	07/20/04--01073--019 **61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Constance Jones 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone