

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033892

1. Entity Name

AUDIOLOGY PROFESSIONALS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90210 031 ***150.00

Principal Place of Business

4046 CATTLEMEN RD
SARASOTA FL 34233
US

Mailing Address

4046 CATTLEMEN RD
SARASOTA FL 34233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0585743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLAN, LESLEY J
1233 WAGON WHEEL DR
SARASOTA FL 34240

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
DOLAN, LESLEY J
STREET ADDRESS 1233 WAGON WHEEL DRIVE
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ Change ☐ Addition
NAME D
ERICSSON, LESLEY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STVP
DEBONDT, SUSAN
STREET ADDRESS 1413 DIXIE LEE LN
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)

Dr. Susan M. de Bondt, Audiologist -
Dr. Lesley Dolan Ericsson, Audiologist

Attachment 957620
P9500033892

Audiology Professionals, Inc.
4046 Cattlemen Rd.
Sarasota, FL 34233

Phone 941-342-9228
Fax 941-342-1301
www.hearingdoctors.com

August 11, 2000

To Whom It May Concern:

This letter is to inform you of a name change for Lesley J. Dolan. She has remarried and her name for all practical and legal purposes is Lesley Ericsson. This is in regards to account number: _____

A copy of the marriage certificate is attached. Should you require any additional correspondence, please feel free to contact me at (941)342-9228. Thank you.

Sincerely,


Lesley Ericsson

Attachment

95000033892

9517620

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

RECORDERS MEMO: LEGIBILITY OF WRITING.
TYPING OR PRINTING FOR REPRODUCTIVE
PURPOSE MAY BE UNSATISFACTORY IN
THIS DOCUMENT WHEN RECEIVED.

20000500

(APPLICATION NUMBER)

APPLICATION TO MARRY

GROOM'S NAME (First, Middle, Last) BENGT GOSTA ERICSSON			2. DATE OF BIRTH (Month, Day, Year) 01/16/1952		
1. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		3b. COUNTY SARASOTA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) SWEDEN	
BRIDE'S NAME (First, Middle, Last) LESLEY JANE DOLAN			5b. MAIDEN SURNAME (if different) PINEL		6. DATE OF BIRTH (Month, Day, Year) 05/28/1949
1. RESIDENCE - CITY, TOWN, OR LOCATION SARASOTA		7b. COUNTY SARASOTA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS	
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE FOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>			10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/07/2000		
11. TITLE OF OFFICIAL DEPUTY CLERK			12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>		
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>			14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/07/2000		
15. TITLE OF OFFICIAL DEPUTY CLERK			16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>		
LICENSE TO MARRY					
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.					
17. COUNTY ISSUING LICENSE SARASOTA		18. DATE LICENSE ISSUED 03/07/2000		19. EXPIRATION DATE 03/10/2000	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. 80	
CERTIFICATE OF MARRIAGE					
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.					
21. DATE OF MARRIAGE (Month, Day, Year) March 25, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Fort Lauderdale, FL			
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 401 Deerwood Lane, Hollywood FL			
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) SHERYL L. WILMAN MY COMMISSION # 80 88708 EXPIRES April 1, 2000		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>			
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>			



SEAL

13-684

"STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and
correct copy of the instrument filed in this office.
Witness my hand and official seal this 11 day of
July, 2000
Karen E. Rushing, Clerk of the Circuit Court
By: *[Signature]* Deputy Clerk"