2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P95000037493

1. Entity Name

HEAR CARE, INC.

Principal Place of Business __	Mailing Address
1108 W. DIXIE AVENUE __ LEESBURG FL 34748	1108 W. DIXIE AVENUE LEESBURG FL 34748

2nd MOORE   CR2E034 (5/05)

2. Principal Place of Business __	3. Mailing Address	
Suite, Apt. #, etc. __	Suite, Apt. #, etc.	
City & State __	City & State	4. FEI Number 59-3309141 / 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	7. Name and Address of New Registered Agent
TRYCHEL, MARC R 1108 W. DIXIE AVENUE LEESBURG FL 34748	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **DUE BY September 7, 2005** Make Check Payable to Florida Department of State	S.607 193(2)(b), F.S , allows for the waiver of the $400.00 late fee By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150 00. ☒	9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TRYCHEL, MARC R STREET ADDRESS 1108 W. DIXIE AVENUE CITY-ST-ZIP LEESBURG FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000375180 08/01/05--80006-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _____ MARC R. Trychel Au.D.   7-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #