


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000057720 (1)**

1. Corporation Name

**AUDIOLOGY AND HEARING CENTER OF BOYNTON BEACH, I NC.**

Principal Place of Business

**115 W WOOLBRIGHT RD  
BOYNTON BEACH FL 33435**

Mailing Address

**115 W WOOLBRIGHT RD  
BOYNTON BEACH FL 33435-5908**



3. Date Incorporated or Qualified  
**07/24/1995**

3a. Date of Last Report  
**08/06/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>213 BOYNTON BEACH BLVD</b>	26 <b>213 BOYNTON BEACH BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>BOYNTON BEACH, FL</b>	28 <b>BOYNTON BEACH, FL</b>
Zip	Zip
24 <b>33435</b>	29 <b>33435</b>
Country	Country
25 <b>PALM BEACH</b>	30 <b>PALM BEACH</b>

4. FEI Number <b>65-0601687</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PAQUETTE, BRUCE  
115 W WOOLBRIGHT RD  
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name <b>PAQUETTE, BRUCE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>213 BOYNTON BEACH BLVD.</b>
83
84 City <b>BOYNTON BEACH</b>
85 Zip Code <b>FL 33435</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAQUETTE, BRUCE</b>
STREET ADDRESS	<b>115 W WOOLBRIGHT RD</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33435</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PAQUETTE, BRUCE</b>
1.3 STREET ADDRESS	<b>213 BOYNTON BEACH BLVD.</b>
1.4 CITY - ST - ZIP	<b>BOYNTON BEACH, FL 33435</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bruce Paquette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-97 (56) 735-3529**  
Date Daytime Phone #

CR2E034 (9/96)