

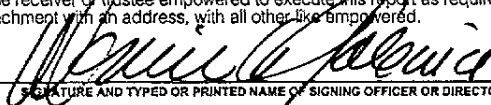



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000061897			
1. Entity Name HEARING EVALUATION AND REHABILITATION CENTER, INC.			
Principal Place of Business 19046 N.E. 29TH AVE. AVENTURA, FL 33180	Mailing Address 19046 N.E. 29TH AVE. AVENTURA, FL 33180		
DO NOT WRITE IN THIS SPACE			
		01122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0611179	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TALERICO, DOMINIC 17834 NW 15TH ST PEMBROKE PINES, FL 33029		DO NOT WRITE IN THIS SPACE	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE  <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TALERICO, DOMINIC 17834 NW 15TH ST PEMBROKE PINES, FL 33029		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TALERICO, JACQUELYN 17834 N.W. 15TH ST PEMBROKE PINES, FL 33029		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date  305-935-0200 <small>Daytime Phone #</small>	