2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90021 028 ***150.00

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1. Entity Name
HEARING EVALUATION AND REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
~~19046 N.E. 29TH AVE.~~ ~~AVENTURA, FL 33180~~	~~19046 N.E. 29TH AVE.~~ ~~AVENTURA, FL 33180~~

40010097

01122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17834 NW 15th ST	17834 NW 15th ST
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-0611179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TALERICO, DOMINIC
17834 NW 15TH ST
PEMBROKE PINES, FL 33029

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 ______
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	TALERICO, DOMINIC	
STREET ADDRESS	17834 NW 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	S	☐ Delete
NAME	TALERICO, JACQUELYN	
STREET ADDRESS	17834 N.W. 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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		
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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 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: Dominic Talerico 1/22/08 954-435-2937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #