

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061897

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** HEARING EVALUATION AND REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

17834 NW 15TH ST  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17834 NW 15TH ST  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 65-0611179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TALERICO, DOMINIC  
Address: 17834 NW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S  
Name: TALERICO, JACQUELYN  
Address: 17834 N.W. 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC TALERICO

D

04/30/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date