

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067830 (6)

1. Corporation Name

AUDIOMETRIC HEARING CENTER OF ST. PETERSBURG, IN
C.

Principal Place of Business

Mailing Address

5760 5TH AVENUE NORTH
ST. PETERSBURG FL 33710

5760 5TH AVENUE NORTH
ST. PETERSBURG FL 33710-7104



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 33920 U.S. Highway 19 N.

22 City & State

27 Suite 150

23 Zip

Country

28 Zip

Country

24

25

29 34684

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

09/04/1996

4. FEI Number

59-3335625

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

MEW, EDWARD J
12947 WALSINGHAM ROAD
LARGO FL 34644

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

33920 U.S. Highway 19 N.

83 Suite 150

84 City

Palm Harbor

FL

85 Zip Code

34684

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 P ☐ DELETE
NAME MEW, EDWARD J
STREET ADDRESS 12947 WALSINGHAM RD.
CITY-ST-ZIP LARGO FL 34644

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 33920 Highway 19 N Suite 150
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME S/T
2.3 STREET ADDRESS Pauldick, B
2.4 CITY-ST-ZIP 33920 U.S. Highway 19 N Suite 150
Palm Harbor, FL 34684

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)