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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070186 (8)

AUDIOLOGY ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business 6275 NW 96TH TERRACE 6275 NW 96TH TERRACE PARKLAND FL 33076 PARKLAND FL 33076

**FILED** Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1995

2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	I I A	Applied For	
21		<del>}</del> -	26		65-0622938	<del></del>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23   28   Zip   Country   Zip   Cou			Country		Trust Fund Contribution			
24 25 29 30			<del>-</del>		8. This corporation owes or has paid the curfent year Intangible Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent  1.57/N/S. ALLEN M. CO					10. Name and Address of New Registered	I <b>(</b> Agent		
LEVINE, ALLEN M ESQ.				Name			•	
				82 Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33312								
			83					
			84	City	FI	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes.	e-named corp	poration submits this statement for the purpose	of changing i	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.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	randel, roberta		12 NAME					
STREET ADDRESS	6275 NW 96TH TERRACE		1.3 STREET	ADDRESS			}	
CITY-ST-Z#P	PARKLAND FL 33076		1.4 CITY-S	T-ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY - ST - ZIP			2. 4 CITY - 9	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS			-	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4,4 CITY-S	r-zip				
TITLE	·	☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY - S	- ZIP				
TITLE		☐ DELETE	6.1 TITLE	}		Change	Addition.	
NAME			6.2 NAME	ļ			ļ	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	r-ZiP				
14. Thereby 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 suppliemental 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 of white receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								
officer or director of the corporation of the receiver or trustee empowers to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in								

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