

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090205 (2)

1. Corporation Name

HEARING ASSOCIATES OF PENSACOLA, P.A.



Principal Place of Business

5149 N. 9TH AVE., STE. 101
PENSACOLA FL 32504

Mailing Address

5149 N. 9TH AVE., STE. 101
PENSACOLA FL 32504

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

LOZIER, CAROL W
3471 SUMMIT BLVD.
PENSACOLA FL 32503

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

n/a

4. FEI Number

59-3346 830

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

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
or registered agent, or both, in the State of Florida. Such change was authorized by
familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Carol W. Lozier
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Reg

gent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LOZIER, CAROL W
STREET ADDRESS 3471 SUMMIT BLVD.
CITY-STATE-ZIP PENSACOLA FL 32503

TITLE *D. Charlton, Steve R.* ☐ DELETE
NAME ~~LOZIER, CAROL W~~
STREET ADDRESS 8901 S. BAYOU DR.
CITY-STATE-ZIP ELBERTA AL 36530

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☒ Change ☐ Addition
ME D Charlton, Steve R.
STREET ADDRESS 8901 S. Bayou Dr.
CITY-STATE-ZIP Elberta, AL 36530

2. TITLE ☐ Change ☐ Addition
2. ME
2. STREET ADDRESS
2. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. ME
3. STREET ADDRESS
3. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. ME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. ME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. ME
6. STREET ADDRESS
6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carol W. Lozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 474-6148

CR2E034 (12/95)