


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90759 023 \*\*\*150.00

<b>DOCUMENT # P95000090205</b>		
1. Entity Name HEARING ASSOCIATES OF PENSACOLA, P.A.		

Principal Place of Business 5149 N. 9TH AVE., STE. G21 PENSACOLA, FL 32504	Mailing Address 5149 N. 9TH AVE., STE. G21 PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)	4. FEI Number 59-3346830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  POWELL, CAROL W 3838 WEST MADURA RD GULF BREEZE, FL 32563	
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DR CHARLTON, STEVE R 6901 S. BAYOU DR. ELBERTA, AL
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12. I 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 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: Steve R. Charlton STEVE R. CHARLTON 4/30/04 850-473-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR