

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004928

FILED
Feb 19, 2004
Secretary of State

Entity Name: PROFESSIONAL HEARING CARE INC.

Current Principal Place of Business:

1666 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

1205 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 33069

Current Mailing Address:

1666 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33334

New Mailing Address:

1205 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 33069

FEI Number: 65-0633858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COPPOLA, PATRICE M
1205 S POWERLINE ROAD
POMPANO BEACH, FL 33069 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 () Delete
Name: MATUS, GERALD E
Address: 1205 S POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: COPPOLA, ROBERT C.
Address: 1666 E. OAKLAND PK BLVD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: STERN, SIDNEY J
Address: 1205 S POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: COPPOLA, PATRICE M.
Address: 1205 S POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COPPOLA, ROBERT C.
Address: 1205 SOUTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICE COPPOLA

D

02/19/2004

Electronic Signature of Signing Officer or Director

_____ Date