

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000004928

1. Entity Name
PROFESSIONAL HEARING CARE INC.



Principal Place of Business
**1205 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 33069**

Mailing Address
**1205 SOUTH POWERLINE ROAD
POMPANO BEACH, FL 33069**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633858	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COPPOLA, PATRICE M
1205 S POWERLINE ROAD
POMPANO BEACH, FL 33069**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATUS, GERALD E
STREET ADDRESS	1205 S POWERLINE ROAD
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	COPPOLA, ROBERT C.
STREET ADDRESS	1205 SOUTH POWERLINE ROAD
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	STERN, SIDNEY J
STREET ADDRESS	1205 S POWERLINE ROAD
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	COPPOLA, PATRICE M.
STREET ADDRESS	1205 S POWERLINE ROAD
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

Date

(954) 772-2299

Daytime Phone #