

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00 am
Secretary of State

DOCUMENT # P96000019098 (8)

1. Corporation Name
AUDIOMETRIC HEARING CENTER OF TAMPA, INC.



Principal Place of Business
28050 U.S. HWY 19 NORTH
SUITE 508
CLEARWATER FL 34621

Mailing Address
28050 U.S. HWY 19 NORTH
SUITE 508
CLEARWATER FL 34621-2630

3. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report

4. FEI Number
59-3366639

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

2. Principal Place of Business
21 10933 N. Dale Mabry Hwy
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip
24 33618
Country
25

2a. Mailing Address
26 33920 U.S. Hwy 19 N.
Suite, Apt. #, etc.
27 Suite 150
City & State
28 Palm Harbor, FL
Zip
29 34684
Country
30

9. Name and Address of Current Registered Agent

PAULDICK, B
28050 U.S. HWY 19 NORTH
SUITE 508
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
33920 U.S. Highway 19 N.
83 Suite 150
84 City
Palm Harbor
FL
85 Zip Code
34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mew, Edward J
STREET ADDRESS		1.3 STREET ADDRESS	33920 U.S. Highway 19 N. Suite 150
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Harbor, 34684
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pauldick, B
STREET ADDRESS		2.3 STREET ADDRESS	33920 U.S. Highway 19 N Suite 150
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: _____ DATE: 4/16/97 DAYTIME PHONE # _____

CR2E034 (9/96)