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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000046725 (3)

1. Corporation Name

AUDIOMETRIC HEARING CENTER OF WEST PALM BEACH, I
NC.

Principal Place of Business

28050 US HIGHWAY 19 NO STE 508
CLEARWATER FL 34621

Mailing Address

28050 US HIGHWAY 19 NO STE 508
CLEARWATER FL 34621-2630

3. Date Incorporated or Qualified

06/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1501 Presidential Way

26 33920 U.S. Highway 19 N.

4. FEI Number

59-3379027

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 21

27 Suite 150

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 West Palm Beach, FL

28 Palm Harbor, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33401

25

29 34684

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULDICK, B
28050 US HIGHWAY 19 NO STE 508
CLEARWATER FL 34621

81 Name

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

33920 U.S. Highway 19 N.

83

Suite 150

84

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Mew, Edward J	33920 U.S. Highway 19 N. Suite 150	Palm Harbor, FL 34684	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/T	Pauldick, B	33920 U.S. Highway 19 N. Suite 150	Palm Harbor, FL 34684	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)