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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham?

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046725 (3)

AUDIOMETRIC HEARING CENTER OF WEST PALM BEACH. I NC.

Principal Place of Business

Mailing Address

FILED May 08 1997 8:00am Secretary of State



28050 US HIGH CLEARWATER F	Way 19 no ste 506 'l 34621		28050 US HIGHM CLEARWATER FL		TE 508						
						}	3. Date Incorporated or Qualifit	ed 3a	, Date of Last	Report	
2. Principal Pla	ace of Business	2	a, Mailing Addi	ress			4, FEI Number		1 /	Applied Fo	O!
21 1501 Pr	esidential_Way	20	33920	U.S.Hf	ghway 19	ואנ	59-3379027			Not Applic	cable
Suite, Apt. #	, elc.		Suite, Apt. #	, etc.	#*************************************		5. Certificate of Status Desired		\$8.75	Addition	nal
22 Suite	21	27	Suite	150		1	6. Certificate of Status Desired	ر ا	Fee	Required	
City & State			City & State				6. Election Campaign Financin		\$5.0	May Be	е
23 West	Palm Beach, FL	20		arbor.			Trust Fund Contribution		Adde	d to Fees	
Zip	Country	-	Zip	<u> </u>	Country		8. This corporation has liability			s. 199.03	32,
24 .3340			34684	30	<u> </u>		Florida Statutes		□ No		
	g. Name and Address	DI CUITENT HOS	gistered Agent		B1 Nar		10. Name and Address of Nev	v Registe	red Agent		
	DICK, B				I IVar	I NO					
	0 US HIGHWAY 19 NO IRWATER FL 34621	STE 508			3		s (P.O. Box Number is Not Acce U.S. Highway 19 N				
					83	uite	150		_		
					84 City				85 Zi	Code	
						Palm_	Harbor		FL 3	1684_	
 Pursuant to office or re 	o the provisions of Section aistered agent, or both, in	s 607.0502 and the State of Flo	i 607,1508, Flori orida: Such char	da Statutes, t noe was autho	the above-nam orized by the c	ed corpor corporation	ation submits this statement for this board of directors. I hereby a	the purpo: ccept the	se of changing appointment t	i its regist Is register	tered ired
agent. Lan	n familiar with, and accept	All and All an		X							
	The state of the s	the obligations	of, Section 607	.0505, Florida	a Statutes.						
SIGNATURE										·····	
SIGNATURE	Signature, typed or printed name of r	gistered agent and	late if applicable		gistered Agent signs		when reinstating)	DA	TE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE.	Signature, typed or printed name of r		Ide if applicable	(NOTE Re	gistered Agent signa	ture required		DA	TE AND DIRECTO	DRS IN 12	2
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SIGNATURE. 12. TITLE NAME	Signature, typed or printed name of r	gistered agent and	Ide if applicable	(NOTE Re	gistered Agent signs 13, 1.1 TiTLE 1.2 NAME	P Me	when reinslating) ADDITIONS/CHANGES TO O W. Edward J	DA DEFICERS	AND DIRECTO	DRS IN 12	2
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importance indicated on this airrual report of supplemental arirual report is frue and accurate and that my signature shall have the same legal effect as if made under of Lam an officer or director of the corporation or the receiver of trustee encowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if childrend, or or an altochment with an access.

SIGNATURE: