**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000048702** 1. Corporation Name

AUDIOLOGY ASSOCIATES OF BOCA RATON, INC.

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Principal Place		Mailing Address		1			
2831 N. FEDER #11	AL HWY.	6600 CODY ST. HOLLYWOOD FL 33024				;	
BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE			
US					porated or Qualifed		
				06/04/1			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Numb		Арр	lied For
21		26 2831 N. FEDER	AL HWY.	65-0672	559		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate	of Status Desired	\$8.75 A	
22		27 SVITE 1		-	<u> </u>	Fee Rec	<del>`</del>
City & Stat	e	City & State	51		ampaign Financing	\$5.00 h	
23	Country	28 BOCA KATON	Sountry		Contribution		rees
Zip	·		$if\varsigma$		ration owes the curre Property Tax.		□ <sub>No</sub> │
24	9. Name and Address of Curren	<u> </u>	_ <del> </del> _		Address of New R		
	5. Hallie and Address of Curren	t registered Agent	81 Name	191			
JUS	TICE, EDWARD				<del></del>		
6600 CODY ST.			82 Street Addr	ress (P.O. Box Nu	mber is Not Accepta	ble)	
HOLLYWOOD FL 33024			83			<del></del> ,	
			84 City			FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	e above-named corp	oration submits th	nis statement for the	purpose of changing its r	egistered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was authori:	zed by the corporation	on's board of dire	ctors. I hereby accep	t the appointment as reg	istered
•	in igniliai with, and accept the obligar	tions of, Dection Cor. Cocc, Florida C	utotos.				}
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Registe	ered Agent signature required	d when reinstating)		DATE	
12.	OFFICERS AN		3.	ADDITIONS	CHANGES TO OF	ICERS AND DIRECTOR	
TITLE	Р	☐ DELETE 1.	1 TITLE			Change	☐ Addition (
NAME	JUSTICE, EDWARD	1.	2 NAME			•	
STREET ADDRESS	6600 CODY ST.	1.	3 STREET ADDRESS			•	
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP				
TITLE	D		1 πTLE			Change	Addition
NAME	JUSTICE, MELISSA		2 NAME				}
STREET ADDRESS	6600 CODY ST.		3 STREET ADDRESS				}
CITY-ST-ZIP	HOLLYWOOD FL 33024		4 CITY-ST-ZIP			Change	Addition
TITLE			1 TITLE			□ Cuange	
NAME			2 NAME	1			ľ
STREET ADDRESS			3 STREET ADDRESS				
CITY-ST-ZIP			4. CITY-ST-ZIP			☐ Change	Addition
TITLE		_	2 NAME				ا
NAME			3 STREET ADDRESS				
STREET ADDRESS		4.	l	:			
CITY-ST-ZIP							
TITLE			4 CITY-ST-ZIP	1		☐ Change	Addition
TITLE		DELETE 5.	4 CITY-ST-ZIP 1 TITLE 2 NAME			☐ Change	Addition
NAME		☐ DELETE 5.	1 TITLE 2 NAME			☐ Change	Addition
NAME STREET ADDRESS		DELETE 5. 5.: 5.:	1 TITLE			☐ Change	Addition
NAME		DELETE 5. 5. 5. 5.	1 TITLE 2 NAME 3 STREET ADDRESS			☐ Change	Addition

14. I 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 of an attraction of the corporation of the receiver of trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS

561-392-0020

**FILED** 

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90075 045 \*\*\*150.00