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Apr 21 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 # P96000064872 (0)
1. Corporation Name
AUDIOMETRIC HEARING CENTER OF BOCA RATON, INC.



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

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

3. Date Incorporated or Qualified
08/01/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2499 Glades Road	26 33920 U.S. Highway 19 N	59-3393466	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 106 A	27 Suite 150	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Boca Raton, FL	28 Palm Harbor, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
24 33431	29 34684	30	
Country	Country		
25			

9. Name and Address of Current Registered Agent

PAULDICK, B
28050 U.S. HIGHWAY 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)	
83 Suite 150	
84 City	85 Zip Code
Palm Harbor	FL 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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	Mew, Edward J		
1.3 STREET ADDRESS	33920 U.S. Highway 19 North Suite 150		
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684		
2.1 TITLE	S/T	Change	Addition
2.2 NAME	Pauldick, B		
2.3 STREET ADDRESS	33920 U.S. Highway 19 North Suite 150		
2.4 CITY-ST-ZIP	Palm Harbor, FL 34684		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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

CR2E034 (9/96)