

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

FILED

Apr 22 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 # **P96000076903 (9)**

1. Corporation Name

**AUDIOMETRIC HEARING CENTER OF DAYTONA, 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

**09/16/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 1630 Mason Ave**

Suite, Apt. #, etc.

City & State

**23 Daytona, FL**

Zip

**24 32117**

Country

**25**

2a. Mailing Address

**26 33920 U.S. Highway 19 N.**

Suite, Apt. #, etc.

City & State

**27 Suite 150**

City & State

**28 Palm Harbor, FL**

Zip

**29 34684**

Country

**30**

4. FEI Number

**59-3400992**

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

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)

**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

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P**

1.3 STREET ADDRESS **MEW, EDWARD J**

1.4 CITY-ST-ZIP **33920 US Highway 19 North Suite 150**

**Palm Harbor, FL 34684**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **S/T**

2.3 STREET ADDRESS **Pauldick, B.**

2.4 CITY-ST-ZIP **33920 U.S. Highway 19 North Suite 150**

**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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/97**

Date

Daytime Phone #

CR2E034 (9/96)