

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 21 1997 8:00am  
Secretary of State

DOCUMENT # P96000076908 (8)

1. Corporation Name

AUDIOMETRIC HEARING CENTER OF FORT LAUDERDALE, I  
NC.

Principal Place of Business

28050 U.S. HWY 19, N.  
SUITE 508  
CLEARWATER FL 34621

Mailing Address

28050 U.S. HWY 19, N.  
SUITE 508  
CLEARWATER FL 34621-2630



2. Principal Place of Business

21 7134 McNab Road

Suite, Apt. #, etc.

22 City & State

23 Tamarac, FL

24 Zip 33321 25 Country

2a. Mailing Address

26 33920 U.S. Highway 19 N.

Suite, Apt. #, etc.

27 Suite 150

City & State

28 Palm Harbor, FL

29 Zip 34684 30 Country

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

4. FEI Number

59-3400213

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. HWY 19, N.  
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  
Mew, Edward J

1.3 STREET ADDRESS

33920 U.S. Highway 19 N Suite 150

1.4 CITY-ST-ZIP

Palm Harbor, FL 34684

2.1 TITLE

S/T

2.2 NAME

Pauldick, B

2.3 STREET ADDRESS

33920 U.S. Highway 19 N Suite 150

2.4 CITY-ST-ZIP

Palm Harbor, FL 34684

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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. Block 13 if changed, or on an attachment with an addendum.

CR2E034 (9/96)