

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000101479

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED HEARING AID CENTER, INC.

**Current Principal Place of Business:**

522 21ST STREET  
MIRACLE MILE PLAZA  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

522 21ST STREET  
MIRACLE MILE PLAZA  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-3414013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAINES, L. GREG  
522 21 ST  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: HAINES, L GREG  
Address: 465 39TH CT. S.W.  
City-St-Zip: VERO BEACH, FL 32968

Title: V  
Name: HAINES, JANA D.  
Address: 465 39TH CT. S.W.  
City-St-Zip: VERO BEACH, FL 32968

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY GREG HAINES

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06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date