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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 # P96000103248 (6)

1. Corporation Name

AUDIOMETRIC HEARING CENTER OF FORT MYERS, INC.



Principal Place of Business

28050 U.S. HIGHWAY 19 N  
SUITE 508  
CLEARWATER FL 34621

Mailing Address

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

2. Principal Place of Business

21 12600 World Plaza Lane

2a. Mailing Address

26 33920 U.S. Highway 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building 63, Suite 3

27 Suite 150

City & State

City & State

23 Fort Meyers, FL

28 Palm Harbor, FL

Zip

Country

Zip

Country

24 33907

25

29 34684

30

3. Date Incorporated or Qualified

12/23/1996

3a. Date of Last Report

4. FEI Number

59-3417045

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 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

P  
MEW, EDWARD J

33920 U.S. Highway 19 N Suite 150  
Palm Harbor, FL 34684

S/T

PAULDICK, B  
33920 U.S. Highway 19 N. Suite 150  
Palm Harbor, FL 34684

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0000000

CR2E034 (9/96)