

DOCUMENT # P97000013377

1. Entity Name  
HILLSBOROUGH HEARING AIDS, INC.

Principal Place of Business Mailing Address  
2406 SR 67 #1 408 CHASTAIN ROAD  
RUSKIN FL 33570 SEFFNER FL 33584

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-3442610 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATRONICA, RONALD DR.  
1647 SUN CITY PLAZA  
SUN CENTER CENTER FL 33573

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|--------------------|-----------------|------------------|---------------------------------|
|       | P                  |                 |                  |                                 |
|       | AMATO, PAUL J. JR. | 408 CHASTAIN RD | SEFFNER FL 33584 |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |
|       |                    |                 |                  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Amato President JA 1-3-08 813-645-0583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #