

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RFE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000020912 (6)  
1. Corporation Name  
AUDIO REHAB LAB OF NORTH FLORIDA, INC.

Principal Place of Business

2812 RABBIT HILL RD  
TALLAHASSEE FL 32312

Mailing Address

2812 RABBIT HILL RD  
TALLAHASSEE FL 32312



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

59-2914510

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 2425 A.E. MAHAN DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2425 A.E. MAIN DRIVE  
Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL  
Zip Country

City & State

28 TALLAHASSEE FL  
Zip Coy

9. Name and Address of Current Registered Agent

POPE, CATHERINE T  
2812 RABBIT HILL RD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME POPE, CATHERINE T  
STREET ADDRESS 2812 RABBIT HILL RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

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14. 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 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 an address.

SIGNATURE:

Catherine T. Pope

CR2E034 (5/98)