2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023362

Entity Name: CENTRAL FLORIDA HEARING AID, INC.

FILED Sep 08, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6201 NEW	EAR-OAKS MA BERRY ROAD LLE, FL 32605)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
MIRACLE EAR-OAKS MALL 6201 NEWBERRY ROAD GAINESVILLE, FL 32605			10123 NW 25TH PL	MIRACLE EAR-OAKS MALL 10123 NW 25TH PL GAINESVILLE, FL 32606	
FEI Number:	59-3433451	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
6201 NEW	.L, KEVIN R 'BARRY ROAD LLE, FL 32605				
	named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	jent	Date	
		3(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDS () MARSHALL, KE 6201 NEWBAR GAINESVILLE,	RY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN MARSHALL PDS 09/08/2004