FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000043188 (6)**

1. Corporation Name
JACKSONVILLE HEARING AND BALANCE INSTITUTE, INC.

Principal Place of Business
1325 SAN MARCO BLVD. #901
JACKSONVILLE FL 32207

Mailing Address
1325 SAN MARCO BLVD. #901
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc.
27 Ste. 1700
City & State
28 Jacksonville, FL
Zip 29 32207 Country 30 US

4. FEI Number
59-3446383
☐ 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

9. **Name and Address of Current Registered Agent**
GRANGER, HARVEY
1301 RIVERPLACE BLVD. #1700
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Greene, A. Hugh		1.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste.1700		1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Parrett, Donald O.		2.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste.1700		2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Wilbanks, John F.		3.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste.1700		3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Jackson, Rebecca B.		4.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste.1700		4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Perry, Linda		5.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste.1700		5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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CR2E034 (10/97)

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.

Rebecca B. Jackson 4-24-98 904/202-4005