

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90066 012 \*\*\*150.00

**DOCUMENT # P97000060817**

1. Corporation Name

**PELICAN BAY HEARING CARE, INC.**



Principal Place of Business

**5600 TRAIL BOULEVARD  
SUITE 16  
NAPLES FL 34108**

Mailing Address

**5600 TRAIL BOULEVARD  
SUITE 16  
NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/11/1997**

4. FEI Number

**65-0766305**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DEROUEN, SHELLY A  
1953 COLONIAL BOULEVARD  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

**IRENA R. RDZANEK**

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

**190 ESTRELLITA DR.**

83

84 City

**FT. MYERS BEACH FL**

85 Zip Code

**33931**

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

*Irena R. Rdzanek*  
Signature, typed or printed name of registered agent and title if applicable.

**IRENA R. RDZANEK**

(NOTE: Registered Agent signature required when reinstating)

**3/11/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PVST  
RDZANEK, IRENA R  
190 ESTRELLITA DRIVE  
FT. MYERS BEACH FL 33931**

TITLE ☐ DELETE

**D  
RDZANEK, IRENA R  
190 ESTRELLITA DRIVE  
FT. MYERS BEACH FL 33931**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

*Irena R. Rdzanek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IRENA R. RDZANEK**  
Date

**3/11/99**  
Daytime Phone #

**941 566-2727**

CR2E034 (11/98)