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Jun 18 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 # **P97000060983 (8)**

1. Corporation Name
AUDIOLOGY CONSULTANTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3540 FOREST HILLS BLVD SUITE 205 WEST PALM BEACH FL 33406	3540 FOREST HILLS BLVD SUITE 205 WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1997**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 65-0773440	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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**

GRANT, MEL
3540 FOREST HILLS BLVD SUITE 205
WEST PALM BEACH FL 33406

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANK TALERICO		1.2 NAME		
STREET ADDRESS	2825 N. SR 7 # 207		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEL GRANT		2.2 NAME		
STREET ADDRESS	3540 FOREST HILLS BLVD # 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		2.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CYNTHIA MEISE		3.2 NAME		
STREET ADDRESS	3170 N. FEDERAL HIGHWAY #208		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		3.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVE SEDGEHOLM		4.2 NAME		
STREET ADDRESS	1403 W. BOYNTON BEACH BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		4.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRED RAHE		5.2 NAME		
STREET ADDRESS	201 NW 82ND AVE #406		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		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		

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.

SIGNATURE: _____ FREDERICK RAHE, SECRETARY 6/18/98 954-425-