2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90086 025 ***150.00

0403217 AV

DOCUMENT # **P97000062280**

1. Entity Name
AUDIOLOGY SPECIALISTS OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
5130 LINTON BLVD SUITE G-9 DELRAY BEACH FL 33484 US	5130 LINTON BLVD SUITE G-9 DELRAY BEACH FL 33484 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ABBANAT, MICHANNE~~ 9585 N.W. 63RD PLACE PARKLAND FL 33076 Delete	Name SUE DION Street Address (P.O. Box Number is Not Acceptable) ~~2713 N.W. 27th TERR~~ 16400 Via Venetia E City ~~BOCA RATON~~ Delray Beach FL Zip Code 33484

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 1-21-02
Signature, typed or printed name of registered agent and title if applicable. SUE DION (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DION, SUSAN 2713 N.W. 27TH TERRACE BOCA RATON FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~DV~~ ~~ABBANAT, MICHANNE~~ ~~9585 N.W. 63RD PLACE~~ ~~PARKLAND FL 33076~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 561-638-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #