

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90025 033 ***158.75

DOCUMENT # P97000065411

1. Entity Name

Hearing Aid Technology of Oakland Park, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1666 E Oakland Park Blvd

3. Mailing Address

1666 E Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

City & State

Oakland Park, Florida

4. FEI Number

65-0769152

Applied For

Not Applicable

Zip

33334-5237

Country

USA

Zip

33334-5237

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SOFFIN, Bonnie M.S.

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

1666 E Oakland Park Blvd

City
Oakland Park

FL

Zip Code

33334-5237

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
SOFFIN, Bonnie
16417 GRAPE WAY
Delray Beach, FL 33484-6616

TITLE
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STREET ADDRESS
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Soffin M.S. (Bonnie SOFFIN, M.S.) 4-14-04 954-564-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)