# P97000077889

To: Secretary of State
Division of Corporations
P.O. Box 6327 - The Capital
Tallahassee, Fl 32399-6327

Subject: Hearing Care 2000, Casselberry, Inc.

400002287644---1 -09/08/97--01159--006 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed please find the original copy of the Articles of Incorporation for the above mentioned business. Also enclosed is a check in the amount of \$70.00 for the required filing fee.

Thank you,

Gary Segretario, President

Hearing Care 2000, Casselberry, Inc.

1786 Seneca Blvd.

Winter Springs, Fl 32708

(407) 359-2709

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FILED

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## ARTICLES OF INCORPORATION HEARING CARE 2000 CASSELBERRY, INC. TALLAHASSEE, FLORIDA

SECILETAKY OF STATE

The undersigned incorporator delivers these Articles of Incorporation in order to form a corporation under the Florida General Corporation Act.

## **ARTICLE I**

#### NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the corporation shall be HEARING CARE 2000 CASSELBERRY, INC. The principal place of business of this corporation shall be 1786 Seneca Blvd, Winter Springs, Fl 32708, and the mailing address shall be the same.

#### ARTICLE II

## **CORPORATE PURPOSES, POWER AND RIGHTS**

The purpose of this corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE III**

#### **DURATION OF THE CORPORATION**

Existence of the corporation shall commence on the date all fees are paid and these Articles of Incorporation are filed by the Secretary of State and the corporation shall exist perpetually unless dissolved according to law.

#### **ARTICLE IV**

#### **AUTHORIZED STOCK**

The total number of shares of capital stock which the corporation has the authority to issue is 10,000 shares of Common Stock, with a \$1.00 par value per share.

#### **ARTICLE V**

#### REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the Registered Agent of the corporation is:

Name

Gary P. Segretario

**Address** 

1786 Seneca Blvd.

Winter Springs, FL 32708

#### **ARTICLE VI**

#### **INITIAL BOARD OF DIRECTORS**

The initial Board of Directors shall consist of two persons. The name and address of the person who shall serve as director of the corporation until the first meeting of the shareholders is:

**Name** 

**Address** 

Gary P. Segretario

1786 Seneca Blvd.

Winter Springs, FI 32708

Robert E. Horine

2743 Shady Tree Lane Waterloo, IL 62298

#### **ARTICLE VII**

#### OFFICERS OF THE CORPORATION

The name of the persons who shall serve as an officer of the corporation who shall hold office for the first year of corporation, or until their successors are elected or appointed is:

Gary P. Segretario Robert E. Horine President Vice President

#### **ARTICLE VIII**

#### **INCORPORATOR**

The name and the address of the incorporator of the corporation is:

Name

Gary P. Segretario

**Address** 

1786 Seneca Blvd Winter Springs, FI 32708

## **ARTICLE IX**

The shareholders of the corporation shall have the preemptive right to acquire unissued or treasury shares of the corporation or securities of the corporation convertible into or carrying a right to subscribed to or aquire shares.

Executed this

day of September, 1997

incorporator

Caryo Cagrataria Procident

57075

State of Florida County of Seminole

OFFICIAL NOTARY SEAL
DAWN CASEY BONILLA
NOTARY PUBLIC STATE OF FLORIDA

COMMISSION NO. CC608919 MY COMMISSION EXP. DEC. 17,2000

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submitts the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is : <u>HEARING CARE 2000 CASSELBERRY, INC.</u>
- 2. The name and addres of the registered agent and office is:

Gary P. Segretario 1786 Seneca Blvd. Winter Springs, FL 32708 97 SEP -8 PN 12: SECINE AND SEP - STA TALLAHASSEE, FLOR

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

State of Florida County of Seminole 9-2-9-7

OFFICIAL NOTARY SEAL
DAWN CASEY BONILLA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION INC. CC688419
MY COMMISSION EXP. DEC. 17,2000

SIGNATURE

DATE 9-2-97

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