

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107347

FILED  
Feb 07, 2005  
Secretary of State

**Entity Name:** NORTHEAST HEARING CENTER, INC.

**Current Principal Place of Business:**

5333 N. DIXIE HWY., STE. 207  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

5333 N. DIXIE HWY., STE. 105  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

5333 N. DIXIE HWY., STE. 207  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

5333 N. DIXIE HWY., STE. 105  
FT. LAUDERDALE, FL 33334

**FEI Number:** 65-0802435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAFORGE, STEPHANIE  
4825 NW 113TH AVE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LAFORGE, STEPHANIE  
Address: 4825 NE 113TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE A. LAFORGE

DP

02/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date