

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90140 050 \*\*\*150.00

**DOCUMENT # P98000010487**

1. Entity Name  
**HEARING CONCEPTS INTERNATIONAL, INC.**



Principal Place of Business  
**17860 SE 109TH AVE. UNIT 626  
SUMMERFIELD FL 34491**

Mailing Address  
**17860 SE 109TH AVE. UNIT 626  
SUMMERFIELD FL 34491**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3497595**

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

**KREUTCHIC, DIANA  
18744 NW 100TH AVENUE ROAD  
MIGANOPY FL 32667**

Name

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

**1389 S. Purple Martin Terr.**

City

**INVERNESS,**

**FL**

Zip Code

**34450**

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 **X** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	DITCHFIELD, DAVID		
6431 E GLOVER STREET			
INVERNESS FL 34452			
VP	KREUTCHIC, DIANA C	VP	KREUTCHIC, DIANA C
18744 NW 100TH AVENUE ROAD		1389 S. PURPLE MARTIN TERR	
MIGANOPY FL 32667		INVERNESS, FL 34450	

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

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)