


**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90022 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000089532**

1. Corporation Name  
**HEARING INSTITUTE OF FLORIDA, INC.**



Principal Place of Business 3170 NORTH FEDERAL HIGHWAY SUITE 208 LIGHTHOUSE POINT FL 33064	Mailing Address 3170 NORTH FEDERAL HIGHWAY SUITE 208 LIGHTHOUSE POINT FL 33064
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/21/1998</b>		4. FEI Number <b>65-0870367</b>	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>1291 S. Powerline Rd</b>	2a. Mailing Address 26 <b>1291 S. Powerline Rd</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 City & State <b>Pompano Beach, FL</b>	28 City & State <b>Pompano Bch. FL</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip <b>33069</b>	25 Country <b>Broward</b>	29 Zip <b>33069</b>	30 Country <b>Broward</b>

9. Name and Address of Current Registered Agent <b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)		
83	84 City		
	<b>FL</b>	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEISE, CYNTHIA D F</b>		1.2 NAME	
STREET ADDRESS <b>3170 NORTH FEDERAL HIGHWAY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LIGHTHOUSE POINT FL 33064</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TALERICO, FRANK B</b>		2.2 NAME	
STREET ADDRESS <b>3170 NORTH FEDERAL HIGHWAY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LIGHTHOUSE POINT FL 33064</b>		2.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAHE, FREDERICK A</b>		3.2 NAME	
STREET ADDRESS <b>3170 NORTH FEDERAL HIGHWAY</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LIGHTHOUSE POINT FL 33064</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Cynthia D. Heise*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99** **954-975-8166**  
Date Daytime Phone #

CR2E034 (1/98)