


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000089532

1. Entity Name
 HEARING INSTITUTE OF FLORIDA, INC.



Principal Place of Business
 1209 S POWERLINE RD
 POMPANO BEACH, FL 33069

Mailing Address
 1209 S POWERLINE RD
 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0870367

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEISE, CYNTHIA D
 1209 S POWERLINE RD
 POMPANO BEACH, FL 33069

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD HEISE, CYNTHIA D F 1209 S POWERLINE RD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TALERICO, FRANK B 1209 S POWERLINE RD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RAHE, FREDERICK A 1209 S POWERLINE RD POMPANO BEACH, FL 33069
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cynthia D. Heise, President 1-20-05 954-975-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cynthia D. Heise, President