

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

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90009 034 ***150.00

DOCUMENT # P99000034877

1. Entity Name *Palm Beach Hearing Care Centers Inc*



DO NOT WRITE IN THIS SPACE

44015317

2. Principal Place of Business

2905 G Military Tr

3. Mailing Address

2905 Military Tr

Suite, Apt. #, etc.

G

Suite, Apt. #, etc.

G

City & State

W.P.B., FL

City & State

W.P.B., FL

4. FEI Number

65-0920426

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Rore

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

1815 SW Renfro St

City

Port St. Lucie

FL

Zip Code *34953*

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE <i>Owner</i> NAME <i>Robert Rore</i> STREET ADDRESS <i>1815 SW Renfro St</i> CITY-ST-ZIP <i>Port St. Lucie FL 34953</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

Daytime Phone #

561 685-0160

CR2E034B (12/02)