

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041941

FILED
Jan 08, 2009
Secretary of State

Entity Name: NEURO-AUDIOLOGICAL ASSOCIATES OF BOCA RATON, INC.

Current Principal Place of Business:

7301-A W. PALMETTO PARK RD.
SUITE 305-A
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

550 S.E. MIZNER BLVD.
#B-505
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0920268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, MARSHA
550 S.E. MIZNER BLVD.
APT. #B505
BOCA RATON, FL 33432 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: PSD () Delete
Name: HARRIS, MARSHA
Address: 550N SE MIZNER BLVD APT B505
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: HARRIS, MARK
Address: 550 S.E. MIZNER BLVD., APT. B505
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARSHA R. HARRIS

DR.

01/08/2009

Electronic Signature of Signing Officer or Director

Date