

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041941

**FILED**  
**Apr 03, 2010**  
**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  
**Name:** HARRIS, MARSHA  
**Address:** 550 SE MIZNER BLVD APT B505  
**City-St-Zip:** BOCA RATON, FL 33432

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

I hereby 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 all other like empowered.

SIGNATURE: MARSHA HARRIS

PSD

04/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date