

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90003 021 ***550.00

DOCUMENT # P99000051922

1. Entity Name

MKC AUDIOLOGY, INC.

Principal Place of Business

**672-182ND AVENUE. EAST
 REDINGTON SHORES FL 33708**

Mailing Address

**672-182ND AVENUE. EAST
 REDINGTON SHORES FL 33708**

2. Principal Place of Business

Edward White Medical Arts Center

3. Mailing Address

Edward White Medical Arts Center

Suite, Apt. #, etc.

2191 - 9th Ave N. Suite 210

Suite, Apt. #, etc.

2191 - 9th Ave N. Suite 210

City & State

St. Petersburg. Florida

City & State

St. Petersburg. Florida

Zip

33713

Country

Zip

33713

Country

4. FEI Number

59-3580128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, MELISSA K

352G 150TH AVE

MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name *Clark, Melissa K*

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

Edward White Medical Arts Center

2191 - 9th Ave N. Suite 210

City *St. Petersburg*

FL

Zip Code

33713

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.

SIGNATURE

Melissa K Clark, Au.D.

7/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P ☐ Delete

CLARK, MELISSA K

672 182ND AVE E

REDINGTON SHORES FL 33708

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa K Clark (Melissa K Clark)

7/18/01

727-328-3901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)