2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN DOCUMENT # P99000074644 **Secretary of State** LAKÉ WORTH HEARING CENTER, INC. Principal Place of Business Mailing Address 1690 S. CONGRESS AVENUE 1690 S. CONGRESS AVENUE PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 01052006 No Chg-P CR2E034 (11/05) **OO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 65-0943693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent STEFANICH, JAMES T DO NOT WRITE 234 N. BAY COLONY DRIVE JUNO BEACH, FL 33408 IN THIS SPACE 3. 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 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TIGHE, BETTY L P O BOX 3593 STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33465 MILE 000000425620 02/20/06-80009-007 150.00 NAME STREET ADDRESS CITY-ST-7IE TITLE NAME STREET ADDRESS **100 NOT WRITE** CITY-ST-ZIP TILE M THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR

1/9/06

Daytime Phone #