SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:55

DOCUMENT # **S68279** **(6)**

1. Corporation Name

HEARING CENTERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
1018 W 9 AVE STE 310 KING OF PRUSSIA PA 19406 US	1018 W 9TH AVE STE 310 KING OF PRUSSIA PA 19406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/24/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation was liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	LIDDICK, GARY	12 NAME	
STREET ADDRESS	1018 W 9 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	~~FITZPATRICK, JOSEPH A~~	22 NAME	Eliminate Joseph Fitzpatrick
STREET ADDRESS	1018 W 9 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	NAGY, STEPHEN F	32 NAME	
STREET ADDRESS	1018 W 9 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, GEORGE	42 NAME	
STREET ADDRESS	1018 W. 9TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	44 CITY-ST-ZIP	
TITLE		51 TITLE	CD ☐ Change ☑ Addition
NAME		52 NAME	John Foster
STREET ADDRESS		53 STREET ADDRESS	1018 W. Ninth Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	King of Prussia, PA
TITLE		61 TITLE	S ☐ Change ☑ Addition
NAME		62 NAME	Robert Ourmotz
STREET ADDRESS		63 STREET ADDRESS	1018 W Ninth Ave
CITY-ST-ZIP		64 CITY-ST-ZIP	King of Prussia, PA

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/13/95 610 992-3326
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174626 FP