

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 10 AM 10:25

DOCUMENT # V07627

(5)

A-ADVANCED HEARING CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

720 E. NEW HAVEN AVE
MELBOURNE FL 32901

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MELBOURNE FL 32901

(PRINTED ADDRESS OF THIS OFFICE)

2. Filing Date of Report		2a. Mailing Address		3. Date of Report		3a. Date of Last Report	
21. 01/17/1992		26. 01/17/1992		4. Filing Number		06/15/1994	
22. 59-3098815		27. 59-3098815		5. Certificate of Status Desired		Applied For	
23. \$8.75 Additional Fee Required		28. \$5.00 May Be Added to Fees		6. Election Campaign Financing Trust Fund Contribution		Not Applicable	
24. 01/17/1992		25. 01/17/1992		29. 01/17/1992		30. 01/17/1992	
26. 01/17/1992		27. 01/17/1992		28. 01/17/1992		29. 01/17/1992	
30. 01/17/1992		31. 01/17/1992		32. 01/17/1992		33. 01/17/1992	

9. Name and Address of Current Registered Agent

BRUNN, FRANK J.
620 E. NEW HAVEN AVE.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81. Name: FRANK BRUNN
82. Street Address (P.O. Box Number is Not Acceptable): 407 E. NEW HAVEN AVE.
83. City: MELBOURNE
84. State: FL
85. Zip Code: 32901

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1), 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 hereby authorized to accept the appointment of Section 607.15(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D TAYLOR, R.D. 720 E. NEW HAVEN AVE. MELBOURNE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not entitled to any refund of the filing fee. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I understand that the filing of this report is required by Chapter 607, Florida Statutes, and that my name appears in the public record of the corporation's filing.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

R.D. Taylor President 5/5/95