

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V23648

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN HEARING, INC.

**Current Principal Place of Business:**

1871 WELLS ROAD, UNIT 1  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

4172 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1871 WELLS ROAD, UNIT 1  
ORANGE PARK, FL 32073

**New Mailing Address:**

4172 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3112266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHAN, TROY C  
1871 WELLS ROAD, UNIT 1  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

MAHAN, TROY C  
4172 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

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: /TROY C. MAHAN/

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MAHAN, TROY C  
Address: 4172 SOUTH THIRD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: /TROY C. MAHAN/

P

01/10/2012

Electronic Signature of Signing Officer or Director

Date