2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2013
Secretary of State
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Entity Name: FLORIDA ACADEMY OF AUDIOLOGY, INC.

Current Principal Place of Business:

1624 W CLASSICAL BLVD
DELRAY BEACH, FL 33445

Current Mailing Address:

PO BOX 8685
DELRAY BEACH, FL 33482

FEI Number: 65-0764913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAXIM MANAGEMENT
1624 W CLASSICAL BLVD
DELRAY BEACH, FL 33445 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	DURAN, JOSEPH AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT ELECT
Name	AUNGST, HOLLE AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	TREASURER
Name	GUERREIRO, SERGIO AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	EXDR
Name	SCHLEGEL, RACHEL
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	SEC
Name	WEIST, DEVON AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	VPCO
Name	HANSEN, KELLY AU.D.
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

Title	PRESIDENT
Name	DANESH, ALI
Address	PO BOX 8685
City-State-Zip:	DELRAY BEACH FL 33482

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL M SCHLEGEL EXECUTIVE DIRECTOR 03/22/2013

Electronic Signature of Signing Officer/Director Detail — Date