

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003301

Entity Name: FLORIDA ACADEMY OF AUDIOLOGY, INC.**Current Principal Place of Business:**6708 SENECCA LN
SYKESVILLE, MD 21784**Current Mailing Address:**6708 SENECCA LN
SYKESVILLE, MD 21784 US**FEI Number:** 65-0764913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXIM MANAGEMENT
6317 NW 23RD ROAD
BOCA RATON, FL 33434 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	SECRETARY
Name	DECELLES, KRISTEN AU.D.
Address	6708 SENECCA LN
City-State-Zip:	SYKESVILLE MD 21784

Title	EXECUTIVE DIRECTOR
Name	BROOKE, RACHEL M
Address	6708 SENECCA LN
City-State-Zip:	SYKESVILLE MD 21784

Title	OTHER
Name	GUERREIRO, SERGIO
Address	6708 SENECCA LN
City-State-Zip:	SYKESVILLE MD 21784

Title	PRESIDENT
Name	CROSBY, NOEL
Address	6708 SENECCA LN
City-State-Zip:	SYKESVILLE MD 21784

Title	VP
Name	STERN, TINA
Address	6708 SENECCA LN
City-State-Zip:	SYKESVILLE MD 21784

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 BROOKE**EXECUTIVE DIRECTOR****01/14/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date