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.

Ρ

SIGNATURE: ANDREA PERNICK

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title	PD	Title	VP D
Name	PERNICK, ANDREA D.	Name	SIMON, CINDY
Address	6505 SW 92 STREET	Address	1760 SW 68TH
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	PLANTATION FL 33317

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54436

Entity Name: SOUTH MIAMI AUDIOLOGY CONSULTANTS, INC.

Current Principal Place of Business:

7000 SW 62 AVENUE SUITE 315 S. MIAMI, FL 33143

Current Mailing Address:

7000 SW 62 AVENUE SUITE 315 S. MIAMI, FL 33143

FEI Number: 65-0006113

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RABEN, RICHARD 2130 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 US

FILED Jan 05, 2017 Secretary of State CC3676368393

Certificate of Status Desired: No

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:

Date