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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

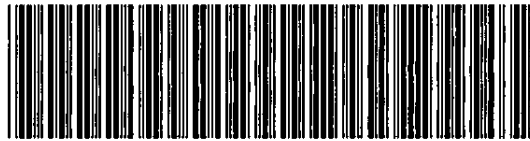
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 22 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HearCare Connection, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Anna Bogdon  
Name of Person

HearCare Connection, Inc.  
Firm/Company

9604 Coldwater Road, Suite 109  
Address

Fort Wayne, IN 46825  
City/State and Zip Code

anna@hearcareconnection.org  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Anna Bogdon at ( 260 ) 602-3276  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. HearCare Connection, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 45-2803181  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/27/2011 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Not yet conducting business in Florida  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 9604 Coldwater Road, Suite 109, Fort Wayne, IN 46825  
(Principal office address)

(Current mailing address, if different)

8. The corporation intends to provide hearing health care and audiology services to low income children and adults.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Mary Thorpe  
Office Address: 2800 Hillview Street  
Sarasota, Florida 34239  
(City) (Zip Code)

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10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Mary Thorpe  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Nora Stewart  
Address: 5933 East State Blvd.  
Fort Wayne, IN 46825

Vice Chairman: David Moran  
Address: 3909 New Vision Drive  
Fort Wayne, IN 46845

Director: Doug Roth  
Address: 6502 Nelson Road  
Fort Wayne, IN 46803

Director: Miguel Yanez  
Address: 5931 North Bridge Rd  
Fort Wayne, IN 46814

**B. OFFICERS**

President: Anna Bogdon  
Address: 9604 Coldwater Road, Suite 109  
Fort Wayne, IN 46825

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Anna Bogdon*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Anna Bogdon, Executive Director  
(Typed or printed name and capacity of person signing application)

HEARCARE CONNECTION, INC  
BOARD OF DIRECTORS

**Nora Stewart M.A. - Board President**  
Audiologist/Owner HearCare Audiology  
5933 East State Blvd. Fort Wayne, IN 46825  
260-485-1231 (office) 260-402-5914 (cell)  
nora@hearcare-indiana.com

**David Moran, MD. - Vice President**  
Physician, Firstcare Family Physicians  
3909 New Vision Drive Fort Wayne, IN 46845  
260- 918-6602 (office) 260-602-6484 (cell)  
thedragonbrood@comcast.net

**Doug Roth, CPA-Treasurer**  
Director of Financial Reporting, Do it Best Corp.  
6502 Nelson Road Fort Wayne, IN 46803  
260-748-5922 (office) 260-602-3477 (cell)  
doug.roth@doitbest.com

**Miguel Yanez- Secretary**

5931 North Bridge Rd, Fort Wayne, IN 46814  
260- 402-6733 (cell)  
miguelyanef@aol.com

**Joseph Bonahoom, Esq.**  
Partner, Bonahoom & Bobilya, LLC.  
110 W Berry St # 1900 Fort Wayne, IN 46802  
260-420- 4055 (office) 260- 615-8788 (cell)  
joeb@b-legal.com

**Justin Libey**  
V.P. Comm Relationship Mngr Old National Bank  
6430 W Jefferson Blvd, Fort Wayne, IN 46802  
260-557-5401, 260-310-6712  
Justin.Libey@oldnational.com

**Shaleen Moriarity**  
4830 Webster St  
Fort Wayne, IN 46807  
260-341-1524  
smoriarity76@gmail.com

**Denise Bickley**  
Audiologist  
11115 Branstrator Rd, Fort Wayne, IN 46809  
260-466-6129  
jacupsmom1@hotmail.com

**Curtis Smith**  
Chief Meteorologist, 21Alive WPTA TV  
5327 Autumn Woods Trail, Fort Wayne, IN 46835  
260-482-6712 / 260-413-3502  
curtiss@incnow.tv

**John Freiburger**  
President, Precision Die Technologies  
4716 Speedway Dr, Fort Wayne, IN 46825  
260-450-1885 / 260-482-5001  
JohnF@pdtinc.com

**Anna Bogdon - Ex-Officio Member**  
Exec. Director, HearCare Connection, Inc.  
5933 East State Blvd. Fort Wayne, IN 46815  
260-602-3276 260-615-3047  
anna@hearcareconnection.org

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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

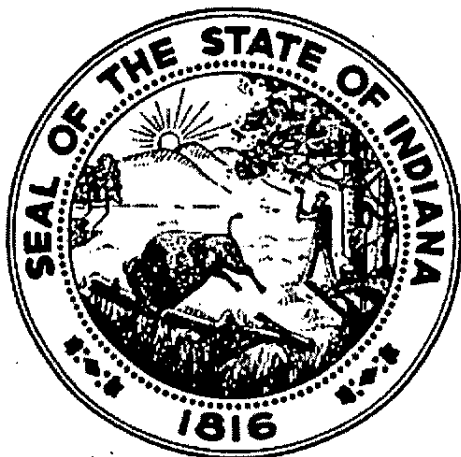
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**HEARCARE CONNECTION INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 27, 2011, and was in existence or authorized to transact business in the State of Indiana on December 15, 2015.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of December, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

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