FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State P01000109093 DOCUMENT # 1. Entity Name M. AND M. HEARING, INC. 02-06-2002 90006 003 ***150.00 Mailing Address Principal Place of Business 1871 WELLS RD. NO 1 1871 WELLS RD. NO 1 ORANGE PARK FL 32073 ORANGE PARK FL 32073 Mailing Address Principal Place of Business i wei rai weis DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Mit #1 Applied For City & State 4. FEI Number City & State Fla Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Tel 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOUGHRAN, MYRA P.A. 333 1ST ST N, STE 305 JACKSONVILLE FL 32250 43250 8. 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. (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1,:2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MAHAN, TROY NAME STREET ADDRESS 1871 WELLS RD, NO 1 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MILLER, MIKE NAME STREET ADDRESS STREET ADDRESS 1871 WELLS RD, NO 1 CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change __ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP