

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000059207

**Entity Name:** CABEZA & FERNANDEZ-ROQUE ASSOCIATES, INC.

**FILED**  
**Jun 11, 2013**  
**Secretary of State**  
**CC3427672966**

**Current Principal Place of Business:**

6700 WASHINGTON AVENUE SOUTH  
ATTN: LEGAL DEPT.  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

C/O NORTHLAND HEARING CENTERS, INC.  
P.O. BOX 404  
MINNEAPOLIS, MN 55440 US

**FEI Number: 65-0678299**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 P  
Name LONGTAIN, JEFFREY L  
Address 8800 SE SUNNYSIDE RD.,  
City-State-Zip: CLACKAMAS OR 33133

Title CFO  
Name NELSON, SCOTT A  
Address 6700 WASHINGTON AVENUE SOUTH  
City-State-Zip: EDEN PRAIRIE MN 55344

Title SEC  
Name MUSSELL, SUSAN  
Address 6700 WASHINGTON AVE. SOUTH  
City-State-Zip: EDEN PRAIRIE MN 55344

Title COO  
Name RUZICKA, JEROME C  
Address 6700 WASHINGTON AVE. SOUTH  
City-State-Zip: EDEN PRAIRIE MN 55344

*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.*

**SIGNATURE: SUSAN MUSSELL**

**SECRETARY**

**06/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date