## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000042245

City-St-Zip:

Entity Name: H & M HEARING ASSOCIATES, LLC

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
1320 SE F 206/207 STUART,	EDERAL HWY FL 34994					
Current Mailing Address:			New Mailing Address:			
1320 SE F 206/207 STUART,	EDERAL HWY FL 34994					
FEI Number: 90-0118655 FE		FEI Number Applied For ( )	FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
2600 N. M	FORD MULHAL ILITARY TRAIL TON, FL 33431	, 4TH FLOOR				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both	
SIGNATU	RE:					
	Electron	c Signature of Registered Age	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () MOORE, JOHN 1320 SE FEDER STUART, FL 34	RAL HWY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () HOGLUND, PAT 1320 SE FEDER STUART, FL 34	RAL HWY	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM () HOGLUND, JOH 1320 SE FEDER STUART, FL 34	RAL HIGHWAYT	Title: Name: Address: City-St-Zip:	MGRM HOGLUND, 1320 SE FE STUART, F	EDERAL HIGHWAY	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition I, CHARLES EDERAL HIGHWAY L 34994	
Title: Name: Address:	( )	Delete	Title: Name: Address:	MGRM ENRIGHT, S 1320 SE FE	( ) Change (X) Addition STEPHEN EDERAL HIGHWAY	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

STUART, FL 34994

SIGNATURE: JOHN D. MOORE PRES 01/30/2007