

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003687

Entity Name: HEAR-ABILITY, INC.**Current Principal Place of Business:**7250 COLLEGE PKWY SUITE 7
FT MYERS, FL 33907**Current Mailing Address:**7250 COLLEGE PKWY SUITE 7
FT MYERS, FL 33907**FEI Number:** 45-5083451**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRICKER, KATHY K
7250 COLLEGE PKWY SUITE 7
FT MYERS, FL 33907 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	D
Name	SCHWARTZ, SCOTT C
Address	12481 VITTORIA WAY
City-State-Zip:	FT MYERS FL 33912

Title	D
Name	SCHWARTZ, SONIA
Address	12481 VITTORIA WAY
City-State-Zip:	FT MYERS FL 33912

Title	D
Name	BRICKER, KATHY K
Address	335 NE 128TH ST
City-State-Zip:	N MIAMI FL 33161

Title	D
Name	COHN, BRIAN
Address	467 SAVOIE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	COHN, LIZ
Address	467 SAVOIE DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN COHN**DIRECTOR****01/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date