

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000071831

**Entity Name:** HANDS ON HEARING, INC.

**Current Principal Place of Business:**

1101 BRICKELL AVENUE  
SUITE N1700  
MIAMI, FL 33131

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC8871553102**

**Current Mailing Address:**

1101 BRICKELL AVENUE  
SUITE N1700  
MIAMI, FL 33131 US

**FEI Number: 46-3528384**

**Certificate of Status Desired: No**

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

KLAPPER, JON H. ESQ.  
1101 BRICKELL AVENUE  
SUITE N1700  
MIAMI, FL 33131 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: JON H. KLAPPER**

**03/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, DIRECTOR  
Name MCKENZIE, PHILIP J  
Address 1101 BRICKELL AVENUE, STE N1700  
City-State-Zip: MIAMI FL 33131

Title VP T  
Name TONINI, CRISTIANO  
Address 1101 BRICKELL AVENUE  
SUITE N1700  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name KLAPPER, JON H.  
Address 1101 BRICKELL AVENUE  
SUITE N1700  
City-State-Zip: MIAMI FL 33131

*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: JON H. KLAPPER**

**SECRETARY**

**03/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date