

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121720

Entity Name: HEARING PHYSICIANS CENTER, LLC

Current Principal Place of Business:

9240 BONITA BEACH RD
SUITE 1106
BONIA SPRINGS, FL 34135

Current Mailing Address:

29171 MARCELLO WAY
NAPLES, FL 34110 US

FEI Number: 20-3995173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 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

Authorized Person(s) Detail :

Title MGR
Name MONTGOMERY, MARK H
Address 29171 MARCELLO WAY
City-State-Zip: NAPLES FL 34110

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK MONTGOMERY

PRESIDENT

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date