

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000005267

Entity Name: MEDICAL HEARING SYSTEMS, LLC

Current Principal Place of Business:

1101 BRICKELL AVE.
SUITE N401
MIAMI, FL 33131

Current Mailing Address:

1101 BRICKELL AVE.
SUITE N401
MIAMI, FL 33131 US

FEI Number: 27-4464454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DR., STE-400
TAMPA FL 33602 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 HELIX HEARING CARE (FLORIDA)
PARTNERSHIP INC.
Address 1101 BRICKELL AVE.
SUITE N401
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name ROMANO, ELISA
Address 1101 BRICKELL AVE.
SUITE N401
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, CEO, TREASURER
Name TEASE, MICHAEL
Address 1101 BRICKELL AVE.
SUITE N401
City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY
Name MYATT, SCOTT
Address 1101 BRICKELL AVE.
SUITE N401
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 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: MICHAEL TEASE

PRESIDENT

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date