

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000005267

**Entity Name:** MEDICAL HEARING SYSTEMS, LLC**Current Principal Place of Business:**11400 N. JOG RD  
300  
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**11400 N. JOG RD  
300  
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 27-4464454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JENNIFER TASEVOLI

06/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HELIX HEARING CARE (FLORIDA)  
PARTNERSHIP, LLC  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title CFO  
Name SCHWEIGHOEFER, TINO  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY  
Name HALL, CARRIE A.  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT, CEO  
Name CAMERON, CRAIG  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name POTTITZER, DENISE  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title ASST. SECRETARY  
Name KLAPPER, JON H.  
Address 11400 N. JOG RD  
300  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** JON H. KLAPPER**ASSISTANT SECRETARY** 06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date