

2016 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:**MAYER, MARIA CHANG ESQ.
1101 BRICKELL AVENUE
SUITE N401
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:** MARIA CHANG MAYER

04/01/2016

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 PRESIDENT, CEO
Name TEASE, MICHAEL
Address 1101 BRICKELL AVENUE
SUITE N401
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name DUTSON, DAVE
Address 1101 BRICKELL AVENUE
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/CEO

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date