

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000005267

Entity Name: MEDICAL HEARING SYSTEMS, LLC**Current Principal Place of Business:**10455 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**10455 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410 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

09/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HELIX HEARING CARE (FLORIDA)
PARTNERSHIP, LLC
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title CFO
Name SCHWEIGHOEFER, TINO
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name HALL, CARRIE
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT, CEO
Name CAMERON, CRAIG
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name POTTITZER, DENISE
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title ASST. SECRETARY
Name KLAPPER, JON H. ESQ.
Address 10455 RIVERSIDE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

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

ASST. SECRETARY

09/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date