

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000005267

Entity Name: MEDICAL HEARING SYSTEMS, LLC**Current Principal Place of Business:**1101 BRICKELL AVENUE
SUITE N1700
MIAMI, FL 33131**Current Mailing Address:**1101 BRICKELL AVENUE
SUITE N1700
MIAMI, FL 33131 US**FEI Number:** 27-4464454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLAPPER, JON H. ESQ.
1101 BRICKELL AVENUE
SUITE N1700
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:** JON H. KLAPPER

03/28/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HELIX HEARING CARE (FLORIDA)
PARTNERSHIP, LLC
Address 1101 BRICKELL AVENUE
SUITE N1700
City-State-Zip: MIAMI FL 33131

Title VP
Name KLAPPER, JON H.
Address 1101 BRICKELL AVENUE
SUITE N1700
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, CEO
Name MCKENZIE, PHILIP J.
Address 1101 BRICKELL AVENUE
SUITE N1700
City-State-Zip: MIAMI FL 33131

Title CFO
Name TONINI, CRISTIANO
Address 1101 BRICKELL AVENUE
SUITE N1700
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: JON H. KLAPPER

VICE PRESIDENT

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date