

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**MAYER, MARIA C. 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:** MARIA C. MAYER

11/21/2016

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 VICE PRESIDENT FINANCE  
Name DUTSON, DAVE  
Address 1101 BRICKELL AVENUE  
SUITE N1700  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MAYER, MARIA C.  
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 SECRETARY  
Name MYATT, SCOTT  
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:** MARIA C. MAYER

VICE PRESIDENT

11/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date