

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000071128

**Entity Name:** HELIX HEARING CARE (FLORIDA) PARTNERSHIP, 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:** 47-4663194

**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

01/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title           VP  
Name           POTTLITZER, DENISE  
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           ASST. SECRETARY  
Name           KLAPPER, JON H. ESQ.  
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   01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date