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 PHILIP J. MCKENZIE	MANAGER	11/18/2016

SIGNATURE: PHILIP J. MCKENZIE

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: MAYER, MARIA C. ESQ. 1101 BRICKELL AVE STE N1700

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

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

- Title MANAGER Name MCKENZIE, PHILIP J. Address 1101 BRICKELL AVE STE N1700
- - City-State-Zip: MIAMI FL 33131

DOCUMENT# L15000071128

Entity Name: HELIX HEARING CARE (FLORIDA) PARTNERSHIP, LLC

Current Principal Place of Business:

1101 BRICKELL AVE STE N1700 MIAMI, FL 33131

Current Mailing Address:

1101 BRICKELL AVE STE N1700 MIAMI, FL 33131 US

FEI Number: 47-4663194

MIAMI, FL 33131 US

Date

Certificate of Status Desired: No

11/18/2016

Date

FILED Nov 18, 2016 Secretary of State CC0907423032

MANAGER