

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000206867

**Entity Name:** BENEFICIAL HEARING AID CENTER, LLC

**Current Principal Place of Business:**

2102 SW 20TH PL  
UNIT 603  
OCALA, FL 34471

**Current Mailing Address:**

2102 SW 20TH PL  
UNIT 603  
OCALA, FL 34471 US

**FEI Number:** 83-2695243

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEDICAL MANAGEMENT OF OCALA, INC.  
2120 SW 22ND PLACE  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEDICAL MANAGEMENT OF OCALA,  
INC.  
Address 2120 SW 22ND PLACE  
City-State-Zip: OCALA FL 34471

*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:** WILLIAM BALD

MGRM

01/19/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date