

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005332

Entity Name: CENTER FOR HEARING & COMMUNICATION, INC.**Current Principal Place of Business:**50 BROADWAY
6TH FLOOR
NEW YORK, NY 10004**Current Mailing Address:**2900 W. CYPRESS CREEK ROAD
STE 3
FT. LAUDERDALE, FL 33309**FEI Number: 13-1624127****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**Title RECORDING SECRETARY
Name POPICK, GLENN
Address 50 BROADWAY 6TH FLOOR
City-State-Zip: NEW YORK NY 10004Title VP
Name WORCESTER, ANNE
Address 50 BROADWAY 6TH FLOOR
City-State-Zip: NEW YORK NY 10004Title EXECUTIVE VP
Name COHEN, JEFFREY
Address 50 BROADWAY 6TH FLOOR
City-State-Zip: NEW YORK NY 10004Title VP
Name PEIKIN, STEVEN
Address 50 BROADWAY 6TH FLOOR
City-State-Zip: NEW YORK NY 10004Title T
Name ADASKO, LEE
Address 50 BROADWAY 6TH FLOOR
City-State-Zip: NEW YORK NY 10004Title PRESIDENT
Name FELDER, BARRY
Address 50 BROADWAY
City-State-Zip: NEW YORK NYTitle OFFICER
Name BERELSON, ELLEN
Address 50 BROADWAY
City-State-Zip: NEW YORK NY

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY FELDER**PRESIDENT****01/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date