

**2021 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 10004

Title            VP  
Name            WORCESTER, ANNE  
Address        50 BROADWAY 6TH FLOOR  
City-State-Zip: NEW YORK NY 10004

Title            VP  
Name            COHEN, JEFFREY  
Address        50 BROADWAY 6TH FLOOR  
City-State-Zip: NEW YORK NY 10004

Title            PRESIDENT  
Name            PEIKIN, STEVEN  
Address        50 BROADWAY 6TH FLOOR  
City-State-Zip: NEW YORK NY 10004

Title            T  
Name            ADASKO, LEE  
Address        50 BROADWAY 6TH FLOOR  
City-State-Zip: NEW YORK NY 10004

Title            OFFICER  
Name            FELDER, BARRY  
Address        50 BROADWAY  
City-State-Zip: NEW YORK NY

Title            OFFICER  
Name            BERELSON, ELLEN  
Address        50 BROADWAY  
City-State-Zip: NEW YORK NY

Title            EXECUTIVE VP  
Name            BOGDANOFF BAKER, HEATHER  
Address        50 BROADWAY  
6TH FLOOR  
City-State-Zip: NEW YORK NY 10004

*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: STEVEN PEIKIN****PRESIDENT****01/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date