

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019890

FILED
Apr 24, 2006
Secretary of State

Entity Name: HEARING CARE CLINICS, LLC

Current Principal Place of Business:

13808 W. HILLSBOROUGH AVENUE
TAMPA, FL 33635

New Principal Place of Business:

13803 W. HILLSBOROUGH AVENUE
TAMPA, FL 33635

Current Mailing Address:

13808 W. HILLSBOROUGH AVENUE
TAMPA, FL 33635

New Mailing Address:

13803 W. HILLSBOROUGH AVENUE
TAMPA, FL 33635

FEI Number: 20-2413857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, JAMES A
1302 W. SLIGH AVENUE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: OTTAVIANO, CHARLES T
Address: 13803 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: D () Change (X) Addition
Name: OTTAVIANO, STEVEN J
Address: 13803 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Change (X) Addition
Name: RAV INTERNATIONAL, L, LC
Address: 1805 W. LOUISIANA AVE
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES OTTAVIANO

D

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date