

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042096

FILED
Feb 03, 2007
Secretary of State

Entity Name: FLORIDA HEARING AID CENTER, LLC

Current Principal Place of Business:

3621 DOWN WIND LANE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

3015 SW PINE ISLAND RD.
104
CAPE CORAL, FL 33991 US

Current Mailing Address:

3621 DOWN WIND LANE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 20-3040160 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FROMM, HARALD
11256 BIENVENIDA WAY
UNIT 201
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

FROMM, HARALD
6081 SILVER KING BLVD.
505
CAPE CORAL, FL 33914 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: HARALD FROMM

02/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STERN, PETER JR.
Address: 2751 WINONA DRIVE
City-St-Zip: FORT MYERS, FL 33917 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER STERN, JR.

MGR

02/03/2007

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