

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000067792

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** TRINITY HEARING & BALANCE CENTER, LLC

**Current Principal Place of Business:**

8605 EASTHAVEN COURT  
SUITE 101  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

70 DEERPATH COURT  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 20-5176565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSEN, KELLY L  
70 DEERPATH COURT  
OLDSMAR, FL 34677 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:** MGRM  
**Name:** HANSEN, KELLY L  
**Address:** 70 DEERPATH COURT  
**City-St-Zip:** OLDSMAR, FL 34677

**Title:** MGRM  
**Name:** DOWE, SUELLEN  
**Address:** 10003 BROOKDALE DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

I hereby 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: KELLY HANSEN

MGMR

01/09/2011

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