

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000116040

**FILED**  
**Aug 28, 2011**  
**Secretary of State**

**Entity Name:** HEARING & BALANCE ASSOCIATES, LLC

**Current Principal Place of Business:**

1818 MICCOSUKEE COMMONS DRIVE  
SUITE 2  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

1818 MICCOSUKEE COMMONS DRIVE  
SUITE 1  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1818 MICCOSUKEE COMMONS DRIVE  
SUITE 2  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

1818 MICCOSUKEE COMMONS DRIVE  
SUITE 1  
TALLAHASSEE, FL 32308 US

**FEI Number:** 26-3943523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOONZ, JOHN  
1818 MICCOSUKEE COMMONS DRIVE  
SUITE 2  
TALLAHASSEE, FL 32308 US

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

KOONZ, JOHN  
1818 MICCOSUKEE COMMONS DRIVE  
SUITE 1  
TALLAHASSEE, FL 32308 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: JOHN KOONZ

08/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: KOONZ, JOHN H DR.  
Address: 1818 MICCOSUKEE COMMONS DR.  
City-St-Zip: TALLAHASSEE, FL 32308 US

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: JOHN KOONZ

DR.

08/28/2011

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