

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007427

FILED
Apr 05, 2011
Secretary of State

Entity Name: THE CENTER FOR HEARING IMPROVEMENT AT THE EYE INSTITUTE, LLC

Current Principal Place of Business:

1995 W. NASA BLVD., STE 101
MELBOURNE, FL 32904

New Principal Place of Business:

1995 W. NASA BLVD.
101
MELBOURNE, FL 32904

Current Mailing Address:

1995 W. NASA BLVD., STE 101
MELBOURNE, FL 32904

New Mailing Address:

1995 W. NASA BLVD., STE 101
101
MELBOURNE, FL 32904

FEI Number: 26-4070263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAVERO, VIOLET
1995 W. NASA BLVD., STE 101
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

ORLOFF, JERRY
1995 W. NASA BLVD.
101
MELBOURNE, FL 32904 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: JERRY ORLOFF

04/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCMANUS, JAMES N
Address: 1995 W. NASA BLVD., STE 101
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM
Name: SHUMAKE, CHRISTOPHER S
Address: 1995 W. NASA BLVD., STE 101
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM
Name: GANIBAN, GARY J
Address: 1995 W. NASA BLVD., STE 101
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM
Name: MANDESE, MICHAEL N
Address: 1995 W. NASA BLVD., STE 101
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM
Name: VAISHNAV, HETAL D
Address: 1995 W. NASA BLVD., STE 101
City-St-Zip: MELBOURNE, FL 32904

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: JAMES N. MCMANUS

MGR

04/05/2011

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