

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049977

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE HEARING SERVICES, L.L.C.

**Current Principal Place of Business:**

934 UNIVERSITY DR., #155  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

934 UNIVERSITY DR., #155  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 80-0594768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, LYNETTE D  
927 RIVERSIDE DR. UNIT 310  
CORAL SPRINGS, FL 33071 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:** MGR  
**Name:** JOHNSON, LYNETTE D AU.D.  
**Address:** 934 UNIVERSITY DR., #155  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** LYNETTE D. JOHNSON

MGR

03/12/2011

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