

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079825

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** HEARING CARE NETWORK, LLC

**Current Principal Place of Business:**

8903 ABERDEEN CREEK CIRCLE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

PRESTIGE PLACE, 13127 66TH STREET N.  
LARGO, FL 33773 US

**Current Mailing Address:**

PO BOX 4456  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 45-2784980      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KRAVITZ, KEITH  
23078 L'ERMITAGE CIR  
BOCA RATON, FL 33433 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:** HOGLUND, DAVID  
**Address:** 8903 ABERDEEN CREEK CIRCLE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**Title:** MGRM  
**Name:** KRAVITZ, KEITH  
**Address:** 23078 L'ERMITAGE CIR  
**City-St-Zip:** BOCA RATON, FL 33433 US

**Title:** MGRM  
**Name:** HARRINGTON, PATRICIA  
**Address:** 13127 66TH STREET N.,  
**City-St-Zip:** LARGO, FL 33773 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: KEITH KRAVITZ

MGRM

04/22/2012

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