

# 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