

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004572

FILED  
May 26, 2009  
Secretary of State

Entity Name: BELTONE HEARING CENTERS OF FLORIDA, LLC.

**Current Principal Place of Business:**

10300 US HWY 441 SOUTH  
SUITE 6  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

10300 US HWY 441 SOUTH  
SUITE 6  
LEESBURG, FL 34788

**New Mailing Address:**

FEI Number: 20-3275122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331      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      ( ) Delete  
Name: ANDREOZZI, MICHEAL  
Address: 931 JEFFERSON BLVD  
City-St-Zip: WARWICK, RD 02886

Title: MGR      ( ) Delete  
Name: GIAMPAOLU, PAUL  
Address: 2601 PATRIOT BLVD  
City-St-Zip: GLENVIEW, IL 60026

Title: MGR      ( ) Delete  
Name: RESSLER, DOUGLAS L  
Address: 10300 US HWY 441 SOUTH SUITE 6  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 KASHER

VP

05/26/2009

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