

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000043224

**FILED  
Jan 14, 2015  
Secretary of State  
CC3815603848**

**Entity Name:** HELIX HEARING CARE (FLORIDA) PARTNERSHIP, INC.

**Current Principal Place of Business:**

1101 BRICKELL AVE  
SUITE N401  
MIAMI, FL 33131

**Current Mailing Address:**

1101 BRICKELL AVE  
SUITE N401  
MIAMI, FL 33131

**FEI Number:** 46-2781813

**Certificate of Status Desired:** No

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

CFRA, LLC  
100 S ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, P, CEO, T  
Name TEASE, MICHAEL  
Address 1101 BRICKELL AVE  
SUITE N401  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name ROMANO, ELISA  
Address 1101 BRICKELL AVE  
SUITE N401  
City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY  
Name MYATT, SCOTT  
Address 1101 BRICKELL AVE  
SUITE N401  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL TEASE**

**PRESIDENT**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date