

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076173

**Entity Name:** EAR, NOSE & THROAT SPECIALIST'S HEARING AID CENTER  
OF FLORIDA, LLC**Current Principal Place of Business:**39 BARKLEY CIRCLE  
FORT MYERS, FL 33907**Current Mailing Address:**39 BARKLEY CIRCLE  
FORT MYERS, FL 33907**FEI Number:** 36-4762951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKENNA, DANIEL J MD  
39 BARKLEY CIRCLE  
FORT MYERS, FL 33907 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:** DANIEL J. MCKENNA, MD

01/19/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP
Name	MCKENNA, DANIEL J DR.	Name	BARROW, HOWARD N DR.
Address	39 BARKLEY CIRCLE	Address	39 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER	Title	MANAGER
Name	CASEY, JUSTIN C DR.	Name	KOPP, ROBERT W DR.
Address	39 BARKLEY CIRCLE	Address	39 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	MANAGER		
Name	NEINER, JOHN R DR.		
Address	39 BARKLEY CIRCLE		
City-State-Zip:	FORT MYERS FL 33907		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MCKENNA, DANIEL J, DR.

PRESIDENT

01/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date