

2018 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:

BARROW, HOWARD N 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: HOWARD N BARROW, MD

01/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BARROW, HOWARD N MD
Address 39 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name MCKENNA, DANIEL J MD
Address 39 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title MANAGER
Name CASEY, JUSTIN C MD
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: HOWARD BARROW, MD

PRESIDENT

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date