

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000006133

Entity Name: CENTER FOR ADVANCED HEARING CARE, LLC**Current Principal Place of Business:**10150 HAGEN RANCH RD
SUITE 100
BOYNTON BEACH, FL 33437**Current Mailing Address:**10150 HAGEN RANCH RD
SUITE 100
BOYNTON BEACH, FL 33437 US**FEI Number:** 82-4240059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEKTOR, ZORIK
10150 HAGEN RANCH RD
SUITE 100
BOYNTON BEACH, FL 33437 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**Authorized Person(s) Detail :**

Title	MGR
Name	SPEKTOR, ZORIK
Address	10150 HAGEN RANCH RD, SUITE 100
City-State-Zip:	BOYNTON BEACH FL 33437

Title	AMBR
Name	KAY, DAVID
Address	10150 HAGEN RANCH RD, SUITE 100
City-State-Zip:	BOYTON BEACH FL 33437

Title	AMBR
Name	MANDELL, DAVID
Address	10150 HAGEN RANCH RD, SUITE 100
City-State-Zip:	BOYTON BEACH FL 33437

Title	AMBR
Name	ARCHILLA, ALFREDO
Address	10150 HAGEN RANCH RD, SUITE 100
City-State-Zip:	BOYTON BEACH FL 33437

Title	AMBR
Name	VISAYA, GIOVANI
Address	10150 HAGEN RANCH RD SUITE 100
City-State-Zip:	BOYNTON BEACH FL 33437

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: ZORIK SPEKTOR

MGR

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date