

2021 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

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date