

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004068

**Entity Name:** ENTHEOS AUDIOLOGY COOPERATIVE, INC.

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number: 46-4270647**

**Certificate of Status Desired: No**

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

NORTHWEST REGISTERED AGENT LLC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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 CP  
Name STEWART, KEN  
Address 5933 E. STATE BLVD.  
City-State-Zip: FT. WAYNE IN 46815

Title VCP  
Name STEWART, NORA  
Address 5933 E. STATE BLVD.  
City-State-Zip: FT. WAYNE IN 46815

Title ST  
Name RILEY, SANDY  
Address 5933 E. STATE BLVD.  
City-State-Zip: FT. WAYNE IN 46815

Title D  
Name CLARK, DEBBIE  
Address 496 1ST ST, SUITE 120  
City-State-Zip: LOS ALTOS CA 94022

Title D  
Name BAXTER, JANE  
Address 3555 ALAMEDA DE LAS PULGAS  
City-State-Zip: MENLO PARK CA 94025

Title D  
Name TANGEL, ELIZABETH  
Address 1875 HIGHWAY 99 N, SUITE 8  
City-State-Zip: ASHLAND OR 97504

Title D  
Name ADAM, NIMET  
Address 4731W. ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title D  
Name THORPE, MARY  
Address 2800 HILLVIEW ST  
City-State-Zip: SARASOTA FL 34232

**Continues on page 2**

*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: NORA STEWART**

**VCVP**

**04/23/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name HILL, HEIDI  
Address 1017 MAINSTREET  
City-State-Zip: HOPKINS MN 55343

Title D  
Name ELLIOT, KAMAL  
Address 235 BLOOMFIELD DR  
SUITE 111-B  
City-State-Zip: LITITZ PA 17543

Title CEO  
Name SCHWAB, BRADY  
Address 13015 NE 197TH PL  
City-State-Zip: WOODINVILLE WA 98072

Title D  
Name SHOUSER, RANDA  
Address 1601 BRIGHAM DR  
SUITE 160  
City-State-Zip: PERRYSBURG OH 43551

Title D  
Name BONAHOOM, JOE  
Address 110 WEST BERRY ST  
SUITE 1900  
City-State-Zip: FORT WAYNE IN 46802