2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002737

1. Entity Name HF MANAGEMENT SERVICES, LLC



FILED Apr 10, 2007 8:00 am Secretary of State

04-10-2007 90080 035 ****50.00

Daylime Phone #

Date

611002

Principal Place of Business

Mailing Address

SE BOUVERNAY OTH ELUCO

| NEW YORK, NY 10004 | | NEW YORK, NY 10004 | | | | M 881:5 81:11 88:11 88111 88111 | # 2011 2 015 | 660 188 44 1116 181 | |
|---|--|------------------------------|--------------|--|-------------------------------|---------------------------------|---------------------|----------------------------|-------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03222007 | Chg-LLC | CR2E | 083 (12/06) | |
| City & State | | City & State | | | 4. FEI Numb | | | <u> </u> | plied For |
| Zip Country | | Zip | Coun | ntry | | e of Status Desired | | \$5.00 Add | litional |
| 6. Name and Address of Current Registered Agent | | | | T | 7. Name an | d Address of New R | egistered | Agent | |
| | | | | Name | | | | | |
| HF ADMINISTRATIVE SERVICES, INC. 500 WINDERLEY PLACE MAITLAND, FL 32751 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | FL Zip Code | | | | |
| | ned entity submits this statement for of registered agent. | the purpose of changing its | register | ed office or | registered agent, or b | oth, in the State of Flo | orida. Tan | n (amiliar with, | and accept |
| SIGNATURE | | | | | | | | | |
| Sign | ature, typed or printed name of registered agent a | nd tille if applicable. (NOT | E: Registere | d Ageni signatu | re required when reinstating) | , | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | | payable to nent of Stat | 9 |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | | ADDITIONS, | CHANGE | S | |
| TITLE MI | GR | ☐ Delete | TITL | E | | | | Change | Addition |
| NAME BE | BETH ISRAEL MEDICAL CENTER | | | AE | | | | | |
| : : | • | | | EET ADDRESS | | | | | |
| —————————————————————————————————————— | EW YORK, NY 10019 | | TITL | r-S1-ZIP | | | | | 53 |
| } ··· | 20000 | | | E Me | | | | Change | Addition |
| | • | | | EET ADDRESS | | | | | |
| 1 | RONX, NY 10457 | | | -ST-ZIP | | | | | |
| | | | | E | | | | ☐ Change | Addition |
| NAME TH | THE BROOKLYN HOSPITAL CENTER | | | AE | | | | | |
| STREET ADDRESS 12 | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP BF | RROKLYN, NY 11201 | | CITY | r-ST-ZIP | | | | | |
| | GR | ☐ Delete | TITL | | | | | ☐ Change | Addition |
| | PISCOPAL HEALTH SERVICES | S, INC. | NAM | | | | | | |
| ll | 27 BEACH 19TH STREET | | | EET ADDRESS Y-ST-2IP | | | | | |
| | AR ROCKAWAY, NY 11691 | | - | | | | | | |
| 1 | GR ITERFAITH MEDICAL CENTER | ☐ Delete | TITL | | | | | Change | ☐ Addition |
| 1 | MERFAITH MEDICAL CENTER 345 ATLANTIC AVENUE | | | EET ADDRESS | | | | | |
| 1 1 - | ROOKLYN, NY 11213 | | | r-\$t-zip | | | | | |
| | GR | ☐ Delete | TITL | E . | | | | ☐ Change | Addition |
| 1 | | | | AE . | | | | _ | |
| STREET ADDRESS 89 | 000 VAN WYCK EXPRESSWAY | • | STR | EET ADDRESS | | | | | |
| CITY-ST-ZIP JA | MAICA, NY 11418 | | CITY | r-St-ZIP | | | | | |

11. I hereby certify that the information stoppied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and account and that my 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE