2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# M06000002737

Entity Name: HF MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

25 BROADWAY, 9TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

25 BROADWAY, 9TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 13-4069806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HF ADMINISTRATIVE SERVICES, INC.
500 WINDERLEY PLACE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BETH ISRAEL MEDICAL CENTER	
Address:	555 WEST 57TH STREET, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	MGR	( ) Delete
Name:	BRONX - LEBANON HOSPITAL CENTER	
Address:	1650 GRAND CONCOURSE	
City-St-Zip:	BRONX, NY 10457	
Title:	MGR	( ) Delete
Name:	THE BROOKLYN HOSPITAL CENTER	
Address:	121 DEKALB AVENUE	
City-St-Zip:	BRROKLYN, NY 11201	
Title:	MGR	( ) Delete
Name:	EPISCOPAL HEALTH SERVICES, INC.	
Address:	327 BEACH 19TH STREET	
City-St-Zip:	FAR ROCKAWAY, NY 11691	
Title:	MGR	( ) Delete
Name:	INTERFAITH MEDICAL CENTER	
Address:	1545 ATLANTIC AVENUE	
City-St-Zip:	BROOKLYN, NY 11213	
Title:	MGR	( ) Delete
Name:	JAMAICA HOSPITAL MEDICAL CENTER	
Address:	8900 VAN WYCK EXPRESSWAY	
City-St-Zip:	JAMAICA, NY 11418	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTINE DAVIS PARA 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date