


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90017 001 \*\*\*143.75

<b>DOCUMENT # L08000000073</b> 1. Entity Name <b>46TH STREET MEDICAL, LLC</b>	
---	---

Principal Place of Business <b>27001 US HIGHWAY 19</b> <b>SUITE 2095</b> <b>CLEARWATER, FL 33761</b>	Mailing Address <b>27001 US HIGHWAY 19</b> <b>SUITE 2095</b> <b>CLEARWATER, FL 33761</b>
---	---

00000000

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---



City & State	City & State	4. FEI Number <b>21-1666342</b>	Applied For Not Applicable
Zip	Country	Zip	Country

02272008 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>STUART S. GOLDING COMPANY</b> <b>27001 US HIGHWAY 19</b> <b>SUITE 2095</b> <b>CLEARWATER, FL 33761</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
--	--

5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNELAND, KNUT</b>	NAME	
STREET ADDRESS	<b>27001 US HIGHWAY 19</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER, FL 33761</b>	CITY - ST - ZIP	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART S. GOLDING COMPANY</b>	NAME	
STREET ADDRESS	<b>27001 US HIGHWAY 19</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER, FL 33761</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied 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 accurate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Steven M. Pollack* Date: **5/18/08** Daytime Phone #: **727 796-1077**

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