

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 11, 2009  
Secretary of State**

DOCUMENT# L08000000073

Entity Name: 46TH STREET MEDICAL, LLC

**Current Principal Place of Business:**

27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 26-1666342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STUART S. GOLDING COMPANY  
27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761 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: HORNELAND, KNUT  
Address: 27001 US HIGHWAY 19  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: STUART S. GOLDING COMPANY  
Address: 27001 US HIGHWAY 19  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

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: LOREN M. POLLACK

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03/11/2009

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