

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000073

FILED
Apr 06, 2010
Secretary of State

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: MGRM
Name: HORNELAND, KNUT
Address: 27001 US HIGHWAY 19
City-St-Zip: CLEARWATER, FL 33761

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

Title: MGRM
Name: ROBERT, PICCIRILLI L
Address: 27001 U.S. HWY 19 N, SUITE 2095
City-St-Zip: CLEARWATER, FL 33712

Title: MGRM
Name: DAVID, SCHER
Address: 27001 U.S. HWY 19 N, SUITE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM
Name: KRIS, HORNELAND
Address: 27001 U.S. HWY 19 N, SUITE 2095
City-St-Zip: CLEARWATER, FL 33761

I hereby 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

MRG

04/06/2010

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