

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011502

Entity Name: HCG, LLC

Current Principal Place of Business:

2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 1031
ORLANDO, FL 32802

FEI Number: 50-0002949

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAUNDERS, ERIC L
2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804 US

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

Authorized Person(s) Detail :

Title MGR
Name SAUNDERS, ERIC L
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGR
Name GRAHAM, GARY
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name DIAMOND, DAVID A
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name KROCHAK, RONALD J
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name SOLLACCIO, ROBERT J
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name PURDON, ROBERT L
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name SOMBECK, MICHAEL D MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name ALVAREZ-FARINETTI, ALVARO R MD
Address PO BOX 1031
City-State-Zip: ORLANDO FL 32802

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC SAUNDERS

MANAGER

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date