

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000073

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC8190822654**

**Entity Name:** 46TH STREET MEDICAL, LLC

**Current Principal Place of Business:**

2535 LANDMARK DR  
SUITE 106  
CLEARWATER, FL 33761

**Current Mailing Address:**

2535 LANDMARK DR  
SUITE 106  
CLEARWATER, FL 33761

**FEI Number:** 26-1666342

**Certificate of Status Desired:** Yes

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

STUART S. GOLDING COMPANY  
2535 LANDMARK DR  
SUITE 106  
CLEARWATER, FL 33761 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 MGRM  
Name HORNELAND, KNUT  
Address 2535 LANDMARK DR, STE 106  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name STUART S. GOLDING COMPANY  
Address 2535 LANDMARK DR, STE 106  
City-State-Zip: CLEARWATER FL 33761

Title MGRM  
Name ROBERT, PICCIRILLI L  
Address 2535 LANDMARK DR, STE 106  
City-State-Zip: CLEARWATER FL 33712

Title MGRM  
Name DAVID, SCHER  
Address 2535 LANDMARK DR, STE 106  
City-State-Zip: CLEARWATER FL 33761

Title MGRM  
Name KRIS, HORNELAND  
Address 2535 LANDMARK DR, STE 106  
City-State-Zip: CLEARWATER FL 33761

*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:** LOREN M. POLLACK

**DIRECTOR**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date