

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141585

Entity Name: HEALTHCARE REALTY & DEVELOPMENT SERVICES LLC

Current Principal Place of Business:

502 DARCEY DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

300 N. NEW YORK AVENUE
PO BOX 2802
WINTER PARK, FL 32789 US

FEI Number: 46-3927747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICCI, FRANK
502 DARCEY DRIVE
WINTER PARK, FL 32792 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 RICCI, FRANK
Address 502 DARCEY DRIVE
City-State-Zip: WINTER PARK FL 32792

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: FRANK RICCI

MANAGER

04/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date