

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000164203

Entity Name: HNI MEDICAL SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

7500 RIALTO BLVD. BUILDING 1 SUITE 140
AUSTIN, TX 78735

Current Mailing Address:

7500 RIALTO BLVD. BUILDING 1 SUITE 140
AUSTIN, TX 78735 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD STE 250
PLANTATION, FL 33324 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 GONZALES, MICHAEL
Address 7500 RIALTO BLVD. BUILDING 1
SUITE 140
City-State-Zip: AUSTIN TX 78735

Title MGR
Name FROMBERG, BARRY
Address 7500 RIALTO BLVD. BUILDING 1
SUITE 140
City-State-Zip: AUSTIN TX 78735

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: MICHAEL GONZALES

MGR

05/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date