

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000000825

**Entity Name:** HMO AFFILIATES LLC

**Current Principal Place of Business:**

9865 TRACE VALLEY  
ATLANTA, GA 30350

**Current Mailing Address:**

9865 TRACE VALLEY  
ATLANTA, GA 30350

**FEI Number:** 58-2387816

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	Title	MGR
Name	SAUER, ALBERT	Name	SCHYBERG, ROBERT
Address	9865 TRACE VALLEY	Address	37 WHALE ROCK ROAD
City-State-Zip:	ATLANTA GA 30350	City-State-Zip:	BOOTHBAY ME 04537

*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:** ALBERT SAUER

**MANAGER**

**04/01/2016**

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

\_\_\_\_\_  
Date