

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001651

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4867094803**

**Entity Name:** HC-7850 N UNIVERSITY DRIVE, LLC

**Current Principal Place of Business:**

4890 W KENNEDY BLVD STE 650  
TAMPA, FL 33609

**Current Mailing Address:**

4890 W KENNEDY BLVD STE 650  
TAMPA, FL 33609

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            CARTER, JOHN E  
Address        4890 W KENNEDY BLVD STE 650  
City-State-Zip: TAMPA FL 33609

Title            COO  
Name            DRUMMOND, LISA  
Address        4890 W KENNEDY BLVD STE 650  
City-State-Zip: TAMPA FL 33609

Title            CFO  
Name            SAKOW, TODD  
Address        4890 W KENNEDY BLVD STE 650  
City-State-Zip: TAMPA FL 33609

Title            SEC  
Name            DRUMMOND, LISA  
Address        4890 W KENNEDY BLVD STE 650  
City-State-Zip: TAMPA FL 33609

*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:** LISA A DRUMMOND

**SECRETARY**

**04/29/2016**

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

\_\_\_\_\_  
Date