2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90071 021 ****50.00

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1. Entity Name
THE HCTC LAND HOLDING, LLC

20041094

Principal Place of Business	Mailing Address
330 17TH STREET VERO BEACH, FL 32960	330 17TH STREET VERO BEACH, FL 32960

03212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1077390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART, WILLIAM J 3335 OCEAN DRIVE VERO BEACH, FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARJIEH, ZIAD M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marjieh, Ziad MD 2100 Nebraska Ave Ste 105 Ft Pierce FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CELANO, CHARLES N M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Celano, Charles MD 3607 15th Ave Vero Beach FL 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHADANI, ABDUL M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shadani, Abdul MD 2215 Nebraska Ave Ste 2B2 Ft Pierce FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENDLEY, ROBERT (III) M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hendley, Robert MD 1300 36th Street Ste 1C Vero Beach FL 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHAREEF, BABAR M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shareef, Babar MD 2215 Nebraska Ave Ste 2E Ft Pierce FL 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RASHID, AHMAD M.D. 2215 NEBRASKA AVENUE, SUITE 2E ST. LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rashid, Ahmad MD 2215 Nebraska Ave Suite 2E Ft Pierce FL 34950	☒ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

772 562

SIGNATURE: _____ 4/27/06 4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #