

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90379 043 \*\*\*\*50.00

**DOCUMENT # L00000016049**

1. Entity Name  
**THE HCTC LAND HOLDING, LLC**



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

Mailing Address  
**330 17TH STREET  
VERO BEACH, FL 32960**

**60049408**



02092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**STEWART, WILLIAM J  
3335 OCEAN DRIVE  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM MARJIEH, ZIAD M.D. 2100 NEBRASKA AVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM CELANO, CHARLES N M.D. 3607 15TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SHADANI, ABDUL M.D. 2215 NEBRASKA AVE STE 1B2 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HENDLEY, ROBERT (III) M.D. 1300 36TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SHAREEF, BABAR M.D. 2215 NEBRASKA AVENUE, SUITE 2E FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM RASHID, AHMAD M.D. 2215 NEBRASKA AVENUE, SUITE 2E FORT PIERCE, FL 34950

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**ZIAD MARJIEH, MD**

**4/26/07**

Date

Daytime Phone #

**772-562-  
6161**