

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016049

Entity Name: THE HCTC LAND HOLDING, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

330 17TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

330 17TH STREET
SUITE E
VERO BEACH, FL 32960

Current Mailing Address:

330 17TH STREET
VERO BEACH, FL 32960

New Mailing Address:

330 17TH STREET
SUITE E
VERO BEACH, FL 32960

FEI Number: 65-1077390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KANCILIA, JOHN R
1795 WEST NASA BLVD
MELBOURNE, FL 32901 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: JOHN R. KANCILIA

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARJIEH, ZIAD M.D.
Address: 2100 NEBRASKA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: CELANO, CHARLES N M.D.
Address: 3607 15TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: SHADANI, ABDUL M.D.
Address: 2215 NEBRASKA AVE STE 1B2
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: HENDLEY, ROBERT (III) M.D.
Address: 1300 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: SHAREEF, BABAR M.D.
Address: 2215 NEBRASKA AVENUE, SUITE 2E
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: RASHID, AHMAD M.D.
Address: 2215 NEBRASKA AVENUE, SUITE 2E
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CELANO, CHARLES M.D.
Address: 3607 15TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM (X) Change () Addition
Name: ANDERSON, JANET E M.D.
Address: 3745 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES CELANO

MCRM

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date