2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016049

Entity Name: THE HCTC LAND HOLDING, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
330 17TH STREET SUITE E VERO BEACH, FL 32960	

Current Mailing Address:	**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:	**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: _____

            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

I hereby 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 Statues.

SIGNATURE: JANET ANDERSON, MD   MGRM   03/11/2011
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date