

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085677

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** H.S. MEDICAL BUILDING L.L.C.

**Current Principal Place of Business:**

5243 HANFF LANE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5243 HANFF LANE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3455456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANFF, HENRY W  
5243 HANFF LANE  
NEW PORT RICHEY, FL 34652 US

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

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:** HENRY W. HANFF, M.D. REVOCABLE TRUST  
**Address:** 5243 HANFF LANE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGRM  
**Name:** STEVEN C. MIRABELLO, M.D. REVOCABLE TRUST  
**Address:** 5243 HANFF LANE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGRM  
**Name:** CHOI, SANG H M.D.  
**Address:** 5243 HANFF LANE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

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 Statutes.

**SIGNATURE:** HENRY W. HANFF

OWNE

02/15/2011

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