

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000097899

1. Entity Name
HMW, LLC



Principal Place of Business
**681 GOODLETTE ROAD NORTH, SUITE 130
NAPLES, FL 34102**

Mailing Address
**681 GOODLETTE ROAD NORTH, SUITE 130
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-5808692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109**

**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	MGR
NAME	HUSSEY, KEITH P M.D.
STREET ADDRESS	681 GOODLETTE ROAD NORTH, SUITE 130
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	MECKSTROTH, STEVEN A M.D.
STREET ADDRESS	1656 MEDICAL BLVD., STE. 301
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGR
NAME	WIESEN, SCOTT L M.D.
STREET ADDRESS	150 TAMiami TRAIL N., STE. 2
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80076-003 50.00

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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

012207

Date

239.643.9764

Daytime Phone #