

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000097899

Entity Name: HMW, LLC

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

681 GOODLETTE ROAD NORTH  
SUITE 130  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

681 GOODLETTE ROAD NORTH  
SUITE 130  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 20-5808692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

HUSSEY, KEITH P  
681 GOODLETTE ROAD NORTH  
SUITE 130  
NAPLES, FL 34102 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: KEITH P. HUSSEY MD

01/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUSSEY, KEITH P M.D.  
Address: 681 GOODLETTE ROAD NORTH, SUITE 130  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: MECKSTROTH, STEVEN A M.D.  
Address: 1656 MEDICAL BLVD., STE. 301  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: WIESEN, SCOTT L M.D.  
Address: 150 TAMiami TRAIL N., STE. 2  
City-St-Zip: NAPLES, FL 33940

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: KEITH P. HUSSEY MD

MGR

01/24/2010

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