

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101357

Entity Name: MEDEPLEX HNC 1, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET
SUITE 201
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET
SUITE 201
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 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 () Delete
Name: MEDEPLEX HNC 1 MM, LLC
Address: 2033 MAIN STREET, SUITE 201
City-St-Zip: SARASOTA, FL 34237 US

ADDITIONS/CHANGES:

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: MEDEPLEX HNC 1 MM, LLC

MGRM

04/30/2009

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