


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90017 001 ***143.75

DOCUMENT # L08000000073	
1. Entity Name 46TH STREET MEDICAL, LLC	

Principal Place of Business 27001 US HIGHWAY 19 SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 US HIGHWAY 19 SUITE 2095 CLEARWATER, FL 33761
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
21-1666342

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STUART S. GOLDING COMPANY 27001 US HIGHWAY 19 SUITE 2095 CLEARWATER, FL 33761		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORNELAND, KNUT 27001 US HIGHWAY 19 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUART S. GOLDING COMPANY 27001 US HIGHWAY 19 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven M. Pollack 5/18/08 727 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #