

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000073

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: 46TH STREET MEDICAL, LLC

**Current Principal Place of Business:**

27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 26-1666342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STUART S. GOLDING COMPANY  
27001 US HIGHWAY 19  
SUITE 2095  
CLEARWATER, FL 33761 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: HORNELAND, KNUT  
Address: 27001 US HIGHWAY 19  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR  
Name: STUART S. GOLDING COMPANY  
Address: 27001 US HIGHWAY 19  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM  
Name: ROBERT, PICCIRILLI L  
Address: 27001 U.S. HWY 19 N, SUITE 2095  
City-St-Zip: CLEARWATER, FL 33712

Title: MGRM  
Name: DAVID, SCHER  
Address: 27001 U.S. HWY 19 N, SUITE 2095  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM  
Name: KRIS, HORNELAND  
Address: 27001 U.S. HWY 19 N, SUITE 2095  
City-St-Zip: CLEARWATER, FL 33761

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: LOREN M. POLLACK

MRG

04/06/2010

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