

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000073294

Entity Name: HSMIPTR, LLC

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9409 US HIGHWAY 19 NORTH  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

9409 US HIGHWAY 19 NORTH  
STE 493  
PORT RICHEY, FL 34668

**Current Mailing Address:**

3500 TYRONE BLVD.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

3500 TYRONE BLVD.N.  
ST. PETERSBURG, FL 33710

FEI Number: 27-3338359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILIN, LAWRENCE J  
401 EAST JACKSON STREET  
2200  
TAMPA, FL 33602 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: MGR  
Name: SELTZER, HAROLD J  
Address: 3500 TYRONE BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33710

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: HAROLD SELTZER

MGR

03/06/2012

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