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Secretary of State

04-10-2007 90080 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000002737

1. Entity Name
HF MANAGEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
25 BROADWAY, 9TH FLOOR NEW YORK, NY 10004	25 BROADWAY, 9TH FLOOR NEW YORK, NY 10004

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

03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
13-4069806
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HF ADMINISTRATIVE SERVICES, INC. 500 WINDERLEY PLACE MAITLAND, FL 32751	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BETH ISRAEL MEDICAL CENTER 555 WEST 57TH STREET, 5TH FLOOR NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRONX - LEBANON HOSPITAL CENTER 1650 GRAND CONCOURSE BRONX, NY 10457	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVENUE BRROKLYN, NY 11201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EPISCOPAL HEALTH SERVICES, INC. 327 BEACH 19TH STREET FAR ROCKAWAY, NY 11691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR INTERFAITH MEDICAL CENTER 1545 ATLANTIC AVENUE BROOKLYN, NY 11213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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