

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90075 019 \*\*\*138.75

<b>DOCUMENT # M06000002737</b>	
1. Entity Name HF MANAGEMENT SERVICES, LLC	

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



01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4069806		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

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 <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 BRONX - LEBANON HOSPITAL CENTER 1650 GRAND CONCOURSE BRONX, NY 10457 <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 THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVENUE BRROKLYN, NY 11201 <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 EPISCOPAL HEALTH SERVICES, INC. 327 BEACH 19TH STREET FAR ROCKAWAY, NY 11691 <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 INTERFAITH MEDICAL CENTER 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 <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 JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>2/7/07</b> Date	<b>212 801 1504</b> Daytime Phone #
--	-----------------------	--

ATTACHMENT

60008158

#M06000002737

HF Administrative Services 2008 Limited Liability Company Annual Report

Additions to Managing Members/Managers

**MGR**

Kingsbrook Jewish Medical  
Center  
585 Schenectady Avenue  
Brooklyn, New York 11203

**MGR**

Lenox Hill Hospital  
100 East 77th Street  
New York, New York 10021

**MGR**

Maimonides Medical Center  
4802 Tenth Avenue 2nd Floor  
Brooklyn, New York 11219

**MGR**

Episcopal Health Services, Inc.  
700 Hicksville Road  
Bethpage, New York 11714

**MGR**

Montefiore Medical Center  
3332 Rochambeau Avenue  
Bronx, New York 10467

**MGR**

St. Barnabas Hospital  
4422 Third Avenue  
Bronx, New York 10457-2594

**MGR**

Mount Sinai Medical Center  
633 Third Avenue  
New York, New York 10017

**MGR**

St. Luke's-Roosevelt Hospital Center  
Continuum Health Partners, Inc.  
555 West 57th Street, 5th Floor  
New York, New York 10019

**MGR**

Nassau University Medical Center  
2201 Hempstead Turnpike  
East Meadow, New York 11554

**MGR**

Stony Brook University Hospital  
Health Sciences Center, Level 4, Room 178  
Stony Brook, NY 11794-8430

**MGR**

North Shore University Hospital  
145-150 Community Drive  
Great Neck, New York 11021

**MGR**

Staten Island University Hospital  
1 Edgewater Plaza, 6th Fl.  
Staten Island, New York 10305

**MGR**

New York Downtown Hospital 170  
William Street  
New York, New York 10038

**MGR**

SUNY Downstate Medical Center, University  
Hospital of Brooklyn  
445 Lenox Road  
Box 27  
Brooklyn, New York 11203