

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002737

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** HF MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

25 BROADWAY, 9TH FLOOR  
NEW YORK, NY 10004

**New Principal Place of Business:**

**Current Mailing Address:**

25 BROADWAY, 9TH FLOOR  
NEW YORK, NY 10004

**New Mailing Address:**

**FEI Number:** 13-4069806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HF ADMINISTRATIVE SERVICES, INC.  
500 WINDERLEY PLACE  
MAITLAND, FL 32751 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:** BETH ISRAEL MEDICAL CENTER  
**Address:** 555 WEST 57TH STREET, 5TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10019

**Title:** MGR  
**Name:** BRONX - LEBANON HOSPITAL CENTER  
**Address:** 1650 GRAND CONCOURSE  
**City-St-Zip:** BRONX, NY 10457

**Title:** MGR  
**Name:** THE BROOKLYN HOSPITAL CENTER  
**Address:** 121 DEKALB AVENUE  
**City-St-Zip:** BRROKLYN, NY 11201

**Title:** MGR  
**Name:** EPISCOPAL HEALTH SERVICES, INC.  
**Address:** 327 BEACH 19TH STREET  
**City-St-Zip:** FAR ROCKAWAY, NY 11691

**Title:** MGR  
**Name:** INTERFAITH MEDICAL CENTER  
**Address:** 1545 ATLANTIC AVENUE  
**City-St-Zip:** BROOKLYN, NY 11213

**Title:** MGR  
**Name:** JAMAICA HOSPITAL MEDICAL CENTER  
**Address:** 8900 VAN WYCK EXPRESSWAY  
**City-St-Zip:** JAMAICA, NY 11418

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:** ELIZABETH ST. CLAIR, ESQ.

SVP

02/17/2010

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