

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017291

**Entity Name:** H-MAX, LLC

**Current Principal Place of Business:**

2850 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2879 N. HANNON HILL DR.  
TALLAHASSEE, FL 32309

**FEI Number:** 03-0581834

**Certificate of Status Desired:** No

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

HOGAN, MICHAEL A  
2879 N. HANNON HILL DR.  
TALLAHASSEE, FL 32309 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name HOGAN, MICHAEL A  
Address 2879 N. HANNON HILL DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title MGR  
Name HOGAN, PATRICIA A  
Address 2979 N HANNON HILL DR  
City-State-Zip: TALLAHASSEE FL 32309

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A HOGAN

MGRM

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date