

2014 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

MANAGING MEMBER

03/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date