

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101352

**Entity Name:** MEDEPLEX HNC 1 MM, LLC

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 402  
SARASOTA, FL 34237

**Current Mailing Address:**

2033 MAIN STREET  
SUITE 402  
SARASOTA, FL 34237 US

**FEI Number:** 26-2258322

**Certificate of Status Desired:** No

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

CHAPNICK, BRUCE PESQ.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 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 CIVIX-M-R, LLC  
Address 2033 MAIN STREET, SUITE 402  
City-State-Zip: SARASOTA FL 34237

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CIVIX-M-R, LLC

MGRM

04/01/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date