2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2015
Secretary of State
CC8287376210

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Entity Name: MEDEPLEX HNC 1, 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: 26-2258408

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	MEDEPLEX HNC 1 MM, 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEDEPLEX HNC 1 MM, LLC MGRM 04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date