

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000123863

Entity Name: HSN MEDICAL GROUP, LLC

Current Principal Place of Business:

619 8TH STREET S
NAPLES, FL 34102

Current Mailing Address:

619 8TH STREET S
NAPLES, FL 34102 US

FEI Number: 46-1073586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOLLARS AND SENSE, LLC
5650 YAHL ST #2
NAPLES, FL 34109 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: LUCY DRATLER

04/28/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SCHUTT, KATIE
Address 5385 GUADELOUPE WAY
City-State-Zip: NAPLES FL 34119

Title MGRM
Name FERGUSON, AMANDA
Address 619 8TH STREET S
City-State-Zip: NAPLES FL 34102

Title MGRM
Name LOVEJOY, NANCY
Address 180 TURTLE LAKE
302
City-State-Zip: NAPLES FL 34105

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: NANCY LOVEJOY

OWNER

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date