

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000282109

**Entity Name:** HMS MEDICAL PROPERTIES LLC

**Current Principal Place of Business:**

7330 SW 62 PLACE  
310  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7330 SW 62 PLACE  
310  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 83-2749611

**Certificate of Status Desired:** No

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

MAJANO, ROMEO A  
7330 SW 62 PLACE  
310  
SOUTH MIAMI, FL 33143 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 AMBR  
Name MAJANO, ROMEO A  
Address 7330 SW 62 PLACE SUITE310  
City-State-Zip: SOUTH MIAMI FL 33143

Title AMBR  
Name SNOW, MATTHEW E  
Address 7330 SW 62 PLACE SUITE 310  
City-State-Zip: SOUTH MIAMI FL 33143

Title AMBR  
Name HARRIS, JOSHUA A  
Address 7330 SW 62 PLACE SUITE 310  
City-State-Zip: SOUTH MIAMI FL 33143

Title AMBR  
Name SCHROEDER, ERIC  
Address 7330 SW 62PLACE SUITE 310  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** ROMEO A. MAJANO

AMBR

04/07/2021

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

\_\_\_\_\_  
Date