2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085695

FILED Apr 28, 2009 Secretary of State

Entity Name: HEALTHCARE DEVELOPMENT PARTNERS OF AMERICA, LLC

New Principal Place of Business: Current Principal Place of Business:

11924 FOREST HILL BLVD SUITE 22-154

WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

11924 FOREST HILL BLVD SUITE 22-154 WELLINGTON, FL 33414

FEI Number: 26-0765532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET

US

10172 HERONWOOD LANE TALLAHASSEE, FL 32301 WEST PALM BEACH, FL 33412 US 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.

CUDEN, CRAIG T PRES

SIGNATURE: CRAIG T. CUDEN 04/28/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

CTC BUSINESS SOLUTIONS, INC. Name: Name: Address: 10172 HERONWOOD LANE Address: City-St-Zip: WEST PALM BEACH, FL 33412 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: 21ST TECHNOLOGY CORP. Name: Address: 11924 FOREST HILL BLVD. SUITE 22-154 Address: City-St-Zip: WELLINGTON, FL 33414 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CRAIG T. CUDEN **PRES** 04/28/2009