2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L94000000440

1. Entity Name
NATIONAL HEALTHCARE DEVELOPMENT, L.C.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD., STE. 950 CORAL GABLES, FL 33134	999 PONCE DE LEON BLVD., STE. 950 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number
65-0525543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, PATRICIA
999 PONCE DE LEON BLVD., STE. 950
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U000000042665
02/10/04-80033-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREENBERG, PATRICIA
STREET ADDRESS	999 PONCE DE LEON BLVD., STE. 950
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #