

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8 **FILED**
Aug 30, 2004 8:00 am
Secretary of State

08-17-2004 90045 006 ****55.00

DOCUMENT # L02000003812

1. Entity Name
HEALTHCARE DEVELOPMENT PARTNERS, LLC



Principal Place of Business
**8456 LEGEND CLUB DRIVE
WEST PALM BEACH, FL 33412**

Mailing Address
**8456 LEGEND CLUB DRIVE
WEST PALM BEACH, FL 33412**

34010100

2. Principal Place of Business
8456 LEGEND CLUB DR

3. Mailing Address
8456 LEGEND CLUB DR

Suite, Apt. #, etc.



07062004 Chg-LLC **47-0900602**
CR2E083 (10/03)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33412

Country
US

Zip
33412

Country
US

4. FEI Number **47-0900602**
APPLIED FOR

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET,
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
CRAIG T. CUDEN

Street Address (P.O. Box Number is Not Acceptable)
8456 LEGEND CLUB DRIVE

City
WEST PALM BEACH

FL Zip Code
33412

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 re-registering) DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUDEN, CRAIG T 8456 LEGEND CLUB DRIVE WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RTC BUSINESS SOLUTIONS, INC. 8456 LEGEND CLUB DR. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21ST TECHNOLOGY CORP., INC. 2328 GOLF BROOK DRIVE WELLINGTON, FL 33414, MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Craig T. Cuden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN OR MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/6/04 (561) 775-7014
Date Daytime Phone

Attachment
34010165

HEALTHCARE DEVELOPMENT PARTNERS, LLC

**8456 Legend Club Drive
West Palm Beach, Florida 33412-1500
Tel: (561) 775-7014
Fax: (561) 627-6789**

August 26, 2004

Florida Department Of State
Division Of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: Reference Number L 02000003812
Healthcare Development Partners, LLC

Ladies and Gentlemen:

In response to your request for a correction on the Federal Employer Identification Number ("FEIN") listed in Block 4 of the Annual Report/Uniform Business Report for Healthcare Development Partners, LLC ("HDP"), be advised that a corrected Annual Report for HDP is enclosed which reflects the correct FEIN of **47-0900602**.

A check in the amount of \$55.00 was previously submitted to the State with the original filing of the Annual Report as acknowledged in your letter of August 18th, a copy of which is attached.

Please file the Annual Report and have a Certificate Of Status for HEALTHCARE DEVELOPMENT PARTNERS, LLC sent to the office address as follows:

Healthcare Development Partners, LLC
8456 Legend Club Drive
West Palm Beach, Florida 33412-1500

Thank you in advance for your assistance.

Healthcare Development Partners, LLC

By: 

Craig T. Cuden, Member


Enclosures