

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085695

**Entity Name:** HEALTHCARE DEVELOPMENT PARTNERS OF AMERICA, LLC

**Current Principal Place of Business:**

130 SE TRAMONTO STREET  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

130 SE TRAMONTO STREET  
PORT ST. LUCIE, FL 34984 US

**FEI Number:** 26-0765532

**Certificate of Status Desired:** No

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

MORGENIER, LOUIS C III  
130 SE TRAMONTO STREET  
PORT ST. LUCIE, FL 34984 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:** LOUIS . MORGENIER III

04/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name HEALTHCARE DEVELOPMENT  
OPTIONS, LLC  
Address 130 SE TRAMONTO STREET  
City-State-Zip: PORT ST. LUCIE FL 34984

*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:** LOUIS C MORGENIER

CEO

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date