

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085695

FILED
Jan 18, 2019
Secretary of State
5542085724CC

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

01/18/2019

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 III

MANAGER

01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date