

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076569

**FILED  
Apr 21, 2016  
Secretary of State  
CC1886279336**

**Entity Name:** HEALTH AND DEVELOPMENT CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

15722 IONA LAKES DR  
APT 722 BLDG 50  
FORT MYERS, FL 33908

**Current Mailing Address:**

15722 IONA LAKES DR  
APT 722 BLDG  
FORT MYERS, FL 33908 US

**FEI Number:** 46-2861413

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR. STE 150A  
TAMPA, FL 33607 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	MGRM
Name	MACDONALD, GENE H	Name	CREIGHTON, JAMES B
Address	15722 IONA LAKES DR APT 15 BLDG 50	Address	15722 IONA LAKES DR APT 722 BLDG 50
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908

*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:** JAMES CREIGHTON

**MANAGER**

**04/21/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date