

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000440

Entity Name: NATIONAL HEALTHCARE DEVELOPMENT, L.C.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0525543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

City-State-Zip: CORAL GABLES FL 33134

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: PATRICIA GREENBERG

MGRM

02/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date