

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003812

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTHCARE DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

8456 LEGEND CLUB DRIVE
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

8456 LEGEND CLUB DRIVE
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 47-0900602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CTC BUSINESS SOLUTIONS, INC.
8456 LEGEND CLUB DR
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CTC BUSINESS Solutio, NS, INC.
Address: 8456 LEGEND CLUB DR
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGR () Delete
Name: 21ST TECHNOLOGY CORP, , INC.
Address: 11924 FOREST HILL BOULEVARD, #22-154
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CRAIG CUDEN

PRES

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date