LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003812

1. Entity Name
HEALTHCARE DEVELOPMENT PARTNERS, LLC

FILED
03 MAY 22 AM 11: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8456 LEGEND CLUB DR		8456 LEGEND CLUB DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: W. PALM BEACH, FL		City & State: W. PALM BEACH, FL	
Zip: 33412	Country: USA	Zip: 33412	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number Is Not Acceptable): 1201 MAYS STREET

City: TALLAHASEE FL Zip Code: 32301-2525

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Craig T. Cuden	NAME	
STREET ADDRESS	8456 Legend Club Drive	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33412	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	200019748702
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 T. Cuden 5/21/03 561 775-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MAY. 22. 2003 3:16PM

L02000003812

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 103577 7313146

AUTHORIZATION : Patricia Piggits

COST LIMIT : $ 55.00

03 MAY 22 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED

ORDER DATE : May 22, 2003

ORDER TIME : 3:32 PM

ORDER NO. : 103577-005

CUSTOMER NO: 7313146

CUSTOMER: Mr. Craig T. Cuden-7313146
Mr. Craig T. Cuden
8456 Legend Club Drive

West Palm Beach, FL 33412-1500

RECEIVED 03 MAY 22 PM 4:32 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HEALTHCARE DEVELOPMENT
PARTNERS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: ________