

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008199

FILED
Aug 09, 2005
Secretary of State

Entity Name: NGM HEALTHCARE SERVICES, L.L.C.

Current Principal Place of Business:

1025 NE 202 TERRACE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

3740 S. OCEAN BLVD., #2081
HIGHLAND BEACH, FL 33487 US

Current Mailing Address:

1025 NE 202 TERRACE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

3740 S. OCEAN BLVD., #2081
HIGHLAND BEACH, FL 33487 US

FEI Number: 20-0664947 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEUTSCH, STEVEN W ESQ
C/O FRANK, WEINBERG, & BLACK, P.L.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 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: MGRM () Delete
Name: CICALÉ, NINA
Address: 1025 NE 202 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CICALÉ, NINA
Address: 3740 S. OCEAN BLVD., #2081
City-St-Zip: HIGHLAND BEACH, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NINA CICALÉ

MGRM

08/09/2005

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