

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90016 004 ****50.00



DOCUMENT # L04000008199

1. Entity Name

NGM HEALTHCARE SERVICES, L.L.C.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-0664947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTSCH, STEVEN W ESQ
 C/O FRANK, WEINBERG, & BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM Delete
 NAME CICALA, NINA
 STREET ADDRESS 3740 S. OCEAN BLVD., #2081
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
 NAME MGRM
 STREET ADDRESS CICALA, NINA
 CITY-ST-ZIP 3740 S OCEAN BLVD #2081
 HIGHLAND BEACH FL 33487

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Nina Cicale

NINACICALA 3/1/06

561 272 5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #