

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.

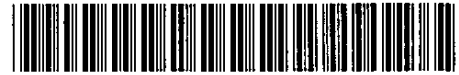


Principal Place of Business

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.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0664947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. 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

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM CICALE, NINA 3740 S. OCEAN BLVD., #2081 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MCMM</i> <i>Cicale, Nina</i> <i>3740 S Ocean Blvd</i> <i>Highland Beach FL 33487</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>make an error</i> <i>Nina Cicale</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Daytime Phone #

Nina Cicale
NINACICALE 3/1/06 561 272 5090