

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008199

**FILED**  
**Mar 11, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

4013 SW 25 COURT  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

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

**New Mailing Address:**

4013 SW 25 COURT  
CAPE CORAL, FL 33914 US

**FEI Number:** 20-0664947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: 3740 S. OCEAN BLVD., #2081  
City-St-Zip: HIGHLAND BEACH, FL 33487 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CICALÉ, NINA  
Address: 4013 SW 25 COURT  
City-St-Zip: CAPE CORAL, FL 33914 US

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: NINA CICALÉ

MGRM

03/11/2008

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