

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000008199**

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



Principal Place of Business <b>3740 S. OCEAN BLVD., #2081 HIGHLAND BEACH FL 33487 US</b>	Mailing Address <b>3740 S. OCEAN BLVD., #2081 HIGHLAND BEACH FL 33487 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **20-0664947** Applied For  Not Applied For

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 \_\_\_\_\_ (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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE _____ NAME <b>MGRM</b> STREET ADDRESS <b>CICALE, NINA</b> CITY ST ZIP <b>3740 S. OCEAN BLVD., #2081 HIGHLAND BEACH FL 33487</b>	<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 _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>L0000064095</b> <b>03/02/07-80028-019 150.00</b>
TITLE _____ NAME _____ STREET ADDRESS _____ CITY ST ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>L00000649604</b> <b>03/07/07-80055-025 50.00</b>
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: *Nina Cicale* **2/15/07 561272509**

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