

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000008199

1. Entity Name

NGM HEALTHCARE SERVICES, L.L.C.



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



1st MOORE

CR2E083 (10/06)

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

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's signature required when re-registering)

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 ☐ Delete

MGRM  
CICALE, NINA  
3740 S. OCEAN BLVD., #2081  
HIGHLAND BEACH FL 33487

TITLE NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Add

U00000064095  
03/02/07-80028-019 150.00

TITLE NAME ☐ Change ☐ Add

U000000649604  
03/07/07-80055-025 50.00

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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*

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

2/15/07 561272509