

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 005 ***138.75

DOCUMENT # L06000048707

1. Entity Name
NETWORK TPA, LLC



Principal Place of Business
**3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

Mailing Address
**3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

60037772



2. Principal Place of Business - No P.O. Box #

3114 Commerce Parkway

3. Mailing Address

3114 Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-LLC CR2E083 (12/06)

City & State

Miramar FL

City & State

Miramar FL

4. FEI Number
14-1961811

Applied For
Not Applicable

Zip

33025

Country

USA

Zip

33025

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGAL, HARVEY A
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name

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

3114 Commerce Parkway

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 renewing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	MEYER, PAUL M	
STREET ADDRESS	3106 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESTON, NEDD	
STREET ADDRESS	3106 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIEGAL, HARVEY A	
STREET ADDRESS	3106 COMMERCE PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3114 Commerce Parkway	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3114 Commerce Parkway	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3114 Commerce Parkway	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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

4/30/08 954-331-6500

Date

Daytime Phone #