

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 001 ****50.00

DOCUMENT # L06000103925

1. Entity Name

21ST CENTURY HEALTH PARTNERS, LLC



Principal Place of Business

1620 EASTLAKE WAY
WESTON FL 33326

Mailing Address

1620 EASTLAKE WAY
WESTON FL 33326



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

51-0603401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

WALDMAN FELUREN HILDEBRANDT & TRIGOBOFF, PA
2200 NORTH COMMERCE PARKWAY, SUITE 202
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

JOAN E. COOKE

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

1620 EASTLAKE WAY

City

WESTON

FL

Zip Code

33326

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

Joan E. Cooke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/28/07

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
STREET ADDRESS
CITY - ST - ZIP

MGRM

COOKE, JOAN E

1620 EASTLAKE WAY

WESTON FL 33326

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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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:

Joan E. Cooke

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

6/28/07

Date

Daytime Phone #