

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**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

Zip

Country

6. Name and Address of C

COOKE, JOAN E  
1620 EASTLAKE WAY  
WESTON FL 33326

8. The above named entity submits this state  
the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registe

*Corrected types  
here. all  
other areas  
address was  
correct.*

FEI Number

51-0603401

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Name and Address of New Registered Agent

Box Number is Not Acceptable)

**FL**

Zip Code

gent, or both, in the State of Florida. I am familiar with, and accept

(reinstating)

DATE

State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
COOKE, JOAN E  
1620 EASTLAKE WAY  
WESTON FL 33326

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

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

Date

Daytime Phone #

4/9/08

(954) 349-3444