

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085695

FILED
Aug 01, 2008
Secretary of State

Entity Name: HEALTHCARE DEVELOPMENT PARTNERS OF AMERICA, LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD
SUITE 22-154
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BLVD
SUITE 22-154
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 26-0765532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CTC BUSINESS Solutio, NS, INC.
Address: 10172 HERONWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM () Delete
Name: 21ST TECHNOLOGY CORP, .
Address: 11924 FOREST HILL BLVD, SUITE 22-154
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG CUDEN

MGRM

08/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date