

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070830

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL HEALTHCARE DEVELOPMENT PARTNERS, L.L.C.

**Current Principal Place of Business:**

2875 NE 25TH CT  
FT. LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

11200 BROADWAY SUITE 2743  
PEARLAND, TX 77584

**New Mailing Address:**

**FEI Number:** 90-0659348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGR  
Name: CMF MANAGEMENT, LLC  
Address: 10223 WEST BROADWAY, SUITE P#433  
City-St-Zip: PEARLAND, TX 77584

I hereby 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: MARK FEANNY

CEO

04/30/2012

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