

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000101124

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE DEVELOPMENT PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

2328 GOLF BROOK DR.  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2328 GOLF BROOK DR.  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 45-3215760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGENIER, LOUIS  
2328 GOLF BROOK DR.  
WELLINGTON, FL 33414 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  
Name: INTRASHARE RESOURCES, INC.  
Address: 2328 GOLF BROOK DR.  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: CTC BUISNESS SOLUTIONS, INC.  
Address: 10172 HERONWOOD LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

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: CRAIG T. CUDEN

MGRM

04/20/2012

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