

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070830

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

**Current Principal Place of Business:**

11200 BROADWAY  
SUITE 2743  
PEARLAND, TX 77584

**Current Mailing Address:**

11200 BROADWAY SUITE 2743  
PEARLAND, TX 77584

**FEI Number:** 90-0659348

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name CMF MANAGEMENT, LLC  
Address 10223 WEST BROADWAY, SUITE  
P#433  
City-State-Zip: PEARLAND TX 77584

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK FEANNY

**MANAGER**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date