

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101124

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC3880617423**

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

**Current Principal Place of Business:**

2328 GOLF BROOK DR.  
WELLINGTON, FL 33414

**Current Mailing Address:**

2328 GOLF BROOK DR.  
WELLINGTON, FL 33414

**FEI Number:** 45-3215760

**Certificate of Status Desired:** No

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

MORGENIER, LOUIS  
2328 GOLF BROOK DR.  
WELLINGTON, FL 33414 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 MGRM  
Name HEALTHCARE DEVELOPMENT  
OPTIONS, LLC  
Address 2328 GOLF BROOK DR.  
City-State-Zip: WELLINGTON FL 33414

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

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOUIS C. MORGENIER

**MEMBER**

**05/01/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date