

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000102233

Entity Name: BAROMA HEALTHCARE LLC

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

23101 SW 157TH AVENUE  
MIAMI, FL 33170 US

## **New Principal Place of Business:**

18495 SOUTH DIXIE HIGHWAY  
SUITE 269  
MIAMI, FL 33157 US

## **Current Mailing Address:**

23101 SW 157TH AVENUE  
MIAMI, FL 33170 US

## **New Mailing Address:**

18495 SOUTH DIXIE HIGHWAY  
SUITE 269  
MIAMI, FL 33157 US

FEI Number: 20-3686367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BACKER, SCOTT J  
23101 SW 157TH AVENUE  
MIAMI, FL 33170 US

## **Name and Address of New Registered Agent:**

BACKER, SCOTT J  
18495 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33157 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: SCOTT J BACKER

10/01/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BACKER, SCOTT J  
Address: 18495 SOUTH DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33157 US

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: SCOTT J BACKER

MGR

10/01/2012

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