2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L06000027739

Entity Name: DHARMA HEALTHCARE, LLC

Current Principal Place of Business:

9440 SW 36 ST
MIAMI, FL 33165 US

New Principal Place of Business:

6365 COLLINS AVE
2503
MIAMI BEACH, FL 33141 US

Current Mailing Address:

9440 SW 36 ST
MIAMI, FL 33165 US

New Mailing Address:

6365 COLLINS AVE
2503
MIAMI, FL 33165 US

FEI Number: 20-4566634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANZANARES, MARIA C
9440 SW 36 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MANZANARES, MARIA C
6365 COLLINS AVE
2503
MIAMI BEACH, FL 33141 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: MARIA MANZANARES 01/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: MANZANARES, MARIA C
Address: 6365 COLLINS AVE, # 2503
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIA C MANZANARES MGR 01/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date