2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2008
Secretary of State

DOCUMENT# L06000027739

Entity Name: DHARMA HEALTHCARE, LLC

Current Principal Place of Business:

6515 COLLINS AVE APT 1205
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

6515 COLLINS AVE
1205
MIAMI BEACH, FL 33141 US

Current Mailing Address:

6365 COLLINS AVE
2503
MIAMI, FL 33165 US

New Mailing Address:

6515 COLLINS AVE
1205
MIAMI BEACH, FL 33141 US

FEI Number: 20-4566634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANZANARES, MARIA C
6365 COLLINS AVE
2503
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

MANZANARES, MARIA C
6515 COLLINS AVE
1205
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 C MANZANARES 07/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MANZANARES, MARIA C
Address: 6515 COLLINS AVE, # 1205
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify 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 MS 07/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date