

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027739

Entity Name: DHARMA HEALTHCARE, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

6770 INDIAN CREEK DRIVE  
4S  
MIAMI BEACH, FL 33141 US

## **Current Mailing Address:**

6770 INDIAN CREEK DRIVE  
4S  
MIAMI BEACH, FL 33141 US

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

946 BAY DR  
12  
MIAMI BEACH, FL 33141 US

## **New Mailing Address:**

946 BAY DR  
12  
MIAMI BEACH, FL 33141 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  
6770 INDIAN CREEK DR  
4S  
MIAMI BEACH, FL 33141 US

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

MANZANARES, MARIA C  
946 BAY DR  
12  
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

01/05/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MANZANARES, MARIA C  
Address: 946 BAY DR APT 12  
City-St-Zip: MIAMI BEACH, FL 33141 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: MARIA C MANZANARES

DR

01/05/2012

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