

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088565

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** ALLEANZA HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

15190 SW 136 STREET  
STE: 32  
MIAMI, FL 33196 US

**New Principal Place of Business:**

15190 SW 136TH STREET  
SUITE 32  
MIAMI, FL 331962604 US

**Current Mailing Address:**

15190 SW 136 STREET  
STE: 32  
MIAMI, FL 33196 US

**New Mailing Address:**

15190 SW 136TH STREET  
SUITE 32  
MIAMI, FL 331962604 US

**FEI Number:** 26-3379979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, ISRAEL  
15190 SW 136 STREET  
STE: 32  
MIAMI, FL 33196 US

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

LEON, ISRAEL  
15190 SW 136TH STREET  
SUITE 32  
MIAMI, FL 331962604 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:

01/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEON, ISRAEL  
Address: 15190 SW 136TH STREET, SUITE 32  
City-St-Zip: MIAMI, FL 331962604 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: ISRAEL LEON

MGRM

01/03/2012

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