

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060837

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** HYGEA OF MIAMI-DADE, LLC

**Current Principal Place of Business:**

9100 S DADELAND BLVD  
STE 1500  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9100 S DADELAND BLVD  
STE 1500  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

LOAR, LACY  
9100 S DADELAND BLVD  
STE 1500  
MIAMI, FL 33156 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HYGEA HEALTH HOLDINGS, INC.  
**Address:** 9100 S DADELAND BLVD, SUITE 1500  
**City-St-Zip:** MIAMI, FL 33156 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: LACY LOAR

MGR

04/26/2012

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