

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000121824

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** SOUTH MIAMI PHARMACY SENIOR CARE, LLC

**Current Principal Place of Business:**

6050 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

6233 SUNSET DRIVE  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 27-2168461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INFANTE, ZUMPANO, HUDSON & MILOCH, LLC  
500 S. DIXIE HIGHWAY  
SUITE 302  
CORAL GABLES, FL 33146 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: MGR  
Name: BARDISA, ARMANDO  
Address: 6050 SOUTH DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33143 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: ARMANDO BARDISA

DR

01/03/2012

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