

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062685

Entity Name: KARMA HEALTHCARE,LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

650 ROB ROY DRIVE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

403 HEATHER HILLS DR  
CLERMONT, FL 34711 US

**New Mailing Address:**

650 ROB ROY DRIVE  
CLERMONT, FL 34711 US

FEI Number: 27-2827635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, HEENA  
650 ROB ROY DRIVE  
CLERMONT, FL 34711 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: PATEL, HEENA  
Address: 650 ROB ROY DR  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM  
Name: PATEL, JIGAR  
Address: 4805 BARBADOS LOOP  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM  
Name: PARMAR, JITESH  
Address: 212 BLACK SPRINGS LANE  
City-St-Zip: WINTER GARDEN, FL 34787 FL

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: JIGAR PATEL

MGRM

04/06/2011

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