

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094564

Entity Name: ZION HEALTH CARE LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2121 S.W. 3RD AVENUE  
403  
MIAMI, FL 33129

**New Principal Place of Business:**

1470 N.W. 107 AVE.  
SUITE G  
MIAMI, FL 33172

**Current Mailing Address:**

2121 S.W. 3RD AVENUE  
403  
MIAMI, FL 33129

**New Mailing Address:**

1470 N.W. 107 AVE.  
SUITE G  
MIAMI, FL 33172

FEI Number: 45-3019262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARRONTE, JULIO L  
2121 S.W. 3 AVE.  
403  
MIAMI, FL 33129 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: SWARTZ, ALAN N  
Address: 1470 N.W. 107 AVE., SUITE G  
City-St-Zip: MIAMI, FL 33172

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: ALAN N SWARTZ

MGR

04/25/2012

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