

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027739

Entity Name: DHARMA GAIA HEALTHCARE, LLC

Current Principal Place of Business:

1800 S OCEAN DR
APT 2909
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1800 S OCEAN DR
APT 2909
HALLANDALE BEACH, FL 33009 US

FEI Number: 20-4566634

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MANZANARES, MARIA C
1010 N 17TH AVE
HOLLYWOOD, FL 33020 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MANZANARES, MARIA C
Address 1010 N 17TH AVE
City-State-Zip: HOLLYWOOD FL 33020

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA MANZANARES

MD, OWNER

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date