

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005115

Entity Name: SOCARRAS HEALTH CARE, LLC

Current Principal Place of Business:

7015 SW 19TH TER
MIAMI, FL 33155

Current Mailing Address:

7015 SW 19TH TER
MIAMI, FL 33155 US

FEI Number: 26-4080322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOCARRAS, ANTONIO JDIAZ
7015 SW 19TH TER
MIAMI, FL 33155 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 SOCARRAS, ANTONIO JDIAZ
Address 7015 SW 19TH TER
City-State-Zip: MIAMI FL 33155

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO J DIAZ SOCARRAS

MGR

03/02/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date