

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074676

**Entity Name:** DREAM REACHERS, LLC

**Current Principal Place of Business:**

8551 W. SUNRISE BLVD.  
304  
PLANTATION, FL 33322

**Current Mailing Address:**

8551 W. SUNRISE BLVD.  
304  
PLANTATION, FL 33322 US

**FEI Number:** 27-3062227

**Certificate of Status Desired:** No

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

HEALTH REVENUE ASSURANCE ASSOCIATES  
10097 CLEARY BLVD.  
513  
PLANTATION, FL 33324 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 MGRM  
Name HEALTH REVENUE ASSURANCE ASSOCIATES  
Address 10097 CLEARY BLVD., #513  
City-State-Zip: PLANTATION FL 33324

*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:** ROBERT RUBINOWITZ

C.O.O

03/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date