	Certificate of Status Desi	red: No
ered office or regist	tered agent, or both, in the State of Flo	rida.
		04/19/2024
		04/10/2024
		Date
Title	MANAGER, PRESIDENT	
Title Name	MANAGER, PRESIDENT JUST, PAULA B.	
Name	JUST, PAULA B.	
Name Address	JUST, PAULA B. 6450 US HIGHWAY 1	
Name Address City-State-Zip:	JUST, PAULA B. 6450 US HIGHWAY 1 ROCKLEDGE FL 32955	
Name Address City-State-Zip: Title	JUST, PAULA B. 6450 US HIGHWAY 1 ROCKLEDGE FL 32955 MANAGER, TREASURER	
	ered office or regist	Certificate of Status Desi erred office or registered agent, or both, in the State of Flo

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: NICHOLAS W. ROMANELLO

SECRETARY

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L06000101549

## Entity Name: VIERA MEDICAL PLAZA AT VIERA HEALTH PARK, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

6450 US HIGHWAY 1

## FILED Apr 19, 2024 Secretary of State 0514095650CC

Date