

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028244

**Entity Name:** VISIONS HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

1730 MAIN STREET  
SUITE 218  
WESTON, FL 33326

**Current Mailing Address:**

1730 MAIN STREET  
SUITE 218  
WESTON, FL 33326 US

**FEI Number:** 26-4511463

**Certificate of Status Desired:** Yes

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

HINESTROSA, PILAR  
1730 MAIN STREET  
SUITE 218  
WESTON, FL 33326 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                  | Title           | VP                            |
| Name            | HINESTROSA, PILAR    | Name            | ORION, ZULUAN PHD             |
| Address         | 1730 MAIN STREET 218 | Address         | 1730 MAIN STREET<br>SUITE 218 |
| City-State-Zip: | WESTON FL 33326      | City-State-Zip: | WESTON FL 33326               |

*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:** PILAR HINESTROSA

**MGR**

**01/10/2017**

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