

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028244

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

**Current Principal Place of Business:**

2883 EXECUTIVE PARK DR  
SUITE 200  
WESTON, FL 33331

**Current Mailing Address:**

2883 EXECUTIVE PARK DR  
SUITE 200  
WESTON, FL 33331 US

**FEI Number:** 26-4511463

**Certificate of Status Desired:** No

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

HINESTROSA, PILAR  
2883 EXECUTIVE PARK DR  
SUITE 200  
WESTON, FL 33331 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            PRESIDENT, CEO  
Name            HINESTROSA, PILAR  
Address        2883 EXECUTIVE PARK DR  
                  STE 200  
City-State-Zip: WESTON FL 33331

*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

CEO

01/23/2024

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

\_\_\_\_\_  
Date