2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000028244

Entity Name: VISIONS HEALTH SYSTEMS, LLC

FILED Sep 29, 2015 Secretary of State CC7957411956

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 VI

Name HINESTROSA, PILAR Name ORION, ZULUAN PHD
Address 1730 MAIN STREET 218 Address 1730 MAIN STREET

SUITE 218

City-State-Zip: WESTON FL 33326

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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.

MGR

Electronic Signature of Signing Authorized Person(s) Detail