

2015 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
Name HINESTROSA, PILAR
Address 1730 MAIN STREET 218
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

ADMINISTRATOR

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date