2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2016
Secretary of State
CC4811824076

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: No

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 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 02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date