## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000066182

Entity Name: THE VILLAGES HEALTH SYSTEM, LLC

**Current Principal Place of Business:** 

1020 LAKE SUMTER LANDING THE VILLAGES. FL 32162

**Current Mailing Address:** 

1020 LAKE SUMTER LANDING THE VILLAGES. FL 32162

FEI Number: 38-3876436 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROY, STEVEN M ESQ. 1028 LAKE SUMTER LANDING 2ND FLOOR THE VILLAGES, FL 32162 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: STEVEN M. ROY 04/30/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title **PRESIDENT** 

THE VILLAGES HEALTH HOLDING Name Name SUSSMAN, ELLIOT

COMPANY, LLC Address

1020 LAKE SUMTER LANDING 1020 LAKE SUMTER LANDING Address

THE VILLAGES FL 32162 City-State-Zip: City-State-Zip: THE VILLAGES FL 32162

Title **TREASURER** Title CEO

BROOKS, W. THOMAS Name Name MENICHINO, TOM

Address 1020 LAKE SUMTER LANDING Address 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162 City-State-Zip:

City-State-Zip: THE VILLAGES FL 32162

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: ELLIOT SUSSMAN

**PRESIDENT** 

04/30/2015

**FILED** Apr 30, 2015

**Secretary of State** 

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