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.	

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

SIGNATURE: STEVEN M. ROY

Authonizeu			
Title	MANAGER	Title	PRESIDENT
Name	THE VILLAGES HEALTH HOLDING	Name	SUSSMAN, ELLIOT
Address	COMPANY, LLC 1020 LAKE SUMTER LANDING	Address	1020 LAKE SUMTER LANDING
		City-State-Zip:	THE VILLAGES FL 32162
City-State-Zip:	THE VILLAGES FL 32162		
<b>T</b> :4 -	050	Title	TREASURER
Title	CEO	Title Name	TREASURER BROOKS, W. THOMAS
Title Name	CEO MENICHINO, TOM	Name	BROOKS, W. THOMAS
		Name Address	BROOKS, W. THOMAS 1020 LAKE SUMTER LANDING
Name	MENICHINO, TOM	Name	BROOKS, W. THOMAS

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.

# **1020 LAKE SUMTER LANDING**

### FEI Number: 38-3876436

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROY, STEVEN M ESQ. 1028 LAKE SUMTER LANDING 2ND FLOOR THE VILLAGES, FL 32162 US

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000066182

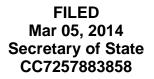
Entity Name: THE VILLAGES HEALTH SYSTEM, LLC

### **Current Principal Place of Business:**

1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162

### **Current Mailing Address:**

THE VILLAGES. FL 32162



03/05/2014 Date

Certificate of Status Desired: No

Date

03/05/2014