

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136803

**Entity Name:** DICKINSON VPH, LLC

**Current Principal Place of Business:**

1910 SAN MARCO BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1910 SAN MARCO BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 46-1284792

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNS  
50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 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 SAFFELL, PAUL K  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name SAFFELL, PAUL K  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name CROUCH, ROBERT  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name MARSHALL, JOHN LIII  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name HOLLAND, GREGORY  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name HELLEIN, SEAN J  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name STOETZEL, RALPH  
Address 1910 SAN MARCO BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** PAUL SAFFELL

**MANAGING MEMBER**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date