

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000197975

**Entity Name:** VETA HEALTH LLC

**Current Principal Place of Business:**

ATTN: ADAM ZWECKER/ AKERMAN LLP  
98 SOUTHEAST SEVENTH STREET STE 1100  
MIAMI, FL 33131

**Current Mailing Address:**

ATTN: ADAM ZWECKER, AKERMAN LLP  
98 SOUTHEAST SEVENTH STREET STE 1100  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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: TANVI V. ABBHI

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ABBHI, TANVI V  
Address 1300 BRICKELL BAY DRIVE, APT. 2902  
City-State-Zip: MIAMI FL 33131

*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: TANVI V. ABBHI BY BUTZEL LONG

AUTHORIZED MEMBER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date