

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000104659

**Entity Name:** V HOSPITAL GROUP LLC

**Current Principal Place of Business:**

7944 VINEYARD LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7944 VINEYARD LAKE ROAD NORTH  
JACKSONVILLE, FL 32256 US

**FEI Number:** 81-2807686

**Certificate of Status Desired:** No

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

POSTILLION TAX CONSULTANTS, LLC  
324 SIXTH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 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	MGR
Name	CHALAMALASETTY, VIJAYA	Name	PINISETTY, BHARANI
Address	7944 VINEYARD LAKE ROAD NORTH	Address	7944 VINEYARD LAKE ROAD NORTH
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** CHALAMALASETTY , VIJAYA

MGR

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date