

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008784

Entity Name: VISTA ALLIED HEALTH, LLC

Current Principal Place of Business:

7700 W. SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BOULEVARD
PLANTATION, FL 33322 US

FEI Number: 81-4139539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name VISTA STAFFING SOLUTIONS, INC
Address 7700 W. SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name WILSON, CRAIG A
Address 7700 W. SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

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: CRAIG A WILSON

MANAGER

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date