

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028244

**FILED**  
**Jan 23, 2010**  
**Secretary of State**

**Entity Name:** VISIONS HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

200 LAKEVIEW DRIVE #113  
WESTON, FL 33326

**New Principal Place of Business:**

1730 MAIN STREET 212  
WESTON, FL 33326

**Current Mailing Address:**

1730 MAIN STREET 202  
WESTON, FL 33326

**New Mailing Address:**

1730 MAIN STREET 212  
WESTON, FL 33326

**FEI Number:** 26-4511463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANEAGS, GUILLERMO A  
1730 MAIN STREET 202  
WESTON, FL 33326 US

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

HINESTROSA, PILAR  
1730 MAIN STREET 202  
WESTON, FL 33326 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: PILAR HINESTROSA

01/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HINESTROSA, PILAR  
Address: 2660 OAK BROOK LANE  
City-St-Zip: WESTON, FL 33332

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PILAR HINESTROSA

MGR

01/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date