

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000028244

**FILED**  
**May 01, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1730 MAIN STREET 212  
WESTON, FL 33326

**New Principal Place of Business:**

1730 MAIN STREET  
SUITE 212  
WESTON, FL 33326

**Current Mailing Address:**

1730 MAIN STREET 212  
WESTON, FL 33326

**New Mailing Address:**

1730 MAIN STREET  
SUITE 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:**

ORION, ZULUAN  
1730 MAIN STREET 202  
WESTON, FL 33326 US

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

HINESTROSA, PILAR  
1730 MAIN STREET  
SUITE 212  
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

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HINESTROSA, PILAR  
Address: 1730 MAIN STREET 212  
City-St-Zip: WESTON, FL 33326

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

05/01/2010

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