

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008248

**Entity Name:** VILAR HEALTH ENTERPRISES, LLC

**Current Principal Place of Business:**

5637 SW 1 ST  
CORAL GABLES, FL 33134

**Current Mailing Address:**

5637 SW 1 ST  
CORAL GABLES, FL 33134 US

**FEI Number:** 41-2266491

**Certificate of Status Desired:** No

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

MARIAS INCOME TAX & ACCOUNTING SERVICES IN  
4693 NW 199 STREET  
MIAMI, FL 33055 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  
Name VILAR, CARLOS  
Address 5637 SW 1 ST  
City-State-Zip: CORAL GABLES FL 33134

*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:** CARLOS VILAR

MGR

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date