

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009737

Entity Name: VITA PIMA, LLC

Current Principal Place of Business:

2647 PROFESSIONAL CIRCLE, UNIT 1201
NAPLES, FL 34119

Current Mailing Address:

2647 PROFESSIONAL CIRCLE, UNIT 1201
NAPLES, FL 34119

FEI Number: 27-1756726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, YOVANOVICH & KOESTER, P.A.
4001 TAMiami TRAIL NORTH, STE.300
NAPLES, FL 34103-3556 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 STOCK, BRIAN K
Address 2647 PROFESSIONAL CIRCLE, UNIT
1201
City-State-Zip: NAPLES FL 34119

Title VP
Name KOCSES, CHAD
Address 2647 PROFESSIONAL CIRCLE SUITE
1201
City-State-Zip: NAPLES FL 34119

Title VP
Name IMIG, BOB
Address 2647 PROFESSIONAL CIRCLE SUITE
1201
City-State-Zip: NAPLES FL 34119

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: BRIAN K STOCK

MGR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date