

**2014 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**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date