# 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.

AMBR

#### SIGNATURE: ROBERT BLANCO

Electronic Signature of Signing Authorized Person(s) Detail

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000044063

Entity Name: VISTA HEALTH RESEARCH, LLC

### Current Principal Place of Business:

11440 SW 88 STREET 308 MIAMI, FL 33176

### **Current Mailing Address:**

11440 SW 88 STREET 308 MIAMI, FL 33176

### FEI Number: 46-5140302

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

BLANCO, ROBERT 11440 SW 88 STREET 308 MIAMI, FL 33176 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

Authorized Person(s) Detail :			
Title	AMBR	Title	MGRM
Name	BLANCO, ROBERT	Name	PALACIO, JESSICA M
Address	11440 SW 88 STREET	Address	11440 SW 88 STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	MANAGER		
Name	BLANCO, ANTONIO		
Address	11440 SW 88 STREET 308		
City-State-Zip:	MIAMI FL 33176		

Certificate of Status Desired: No

Date

04/17/2015 Date

FILED Apr 17, 2015 Secretary of State CC7114273958