

**2017 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  
206  
MIAMI, FL 33176 US

**FEI Number:** 46-5140302

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BLANCO, ROBERT  
Address 11440 SW 88 STREET  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name PALACIO, JESSICA M  
Address 11440 SW 88 STREET  
City-State-Zip: MIAMI FL 33176

Title MANAGER  
Name BLANCO, ANTONIO  
Address 11440 SW 88 STREET  
308  
City-State-Zip: MIAMI FL 33176

*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:** JESSICA M PALACIO

MGRM

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date