

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110864

**Entity Name:** VITA HEALTHCARE VENTURES LLC

**Current Principal Place of Business:**

7901 HISPANOLA AVE.  
APT. 1801  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7901 HISPANOLA AVE.  
APT. 1801  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number:** 47-1327037

**Certificate of Status Desired:** No

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

FASCETTO, JUAN MANUEL F  
7901 HISPANOLA AVE  
APT. 1801  
NORTH BAY VILLAGE, FL 33141 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 FASCETTO, JUAN MANUEL F  
Address 7901 HISPANOLA AVE  
APT. 1801  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*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:** JUAN MANUEL FEDERICO FASCETTO

**MANAGER**

**04/07/2016**

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

\_\_\_\_\_  
Date