

2017 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 AUTHORIZED MEMBER
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

AUTHORIZED MEMBER

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date