

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000185657

**Entity Name:** VH MEDICAL, LLC

**Current Principal Place of Business:**

6019 SW 89TH TERRACE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

6019 SW 89TH TERRACE  
GAINESVILLE, FL 32608 US

**FEI Number:** 47-2462783

**Certificate of Status Desired:** Yes

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

HAAS, VAN M  
6019 SW 89TH TERRACE  
GAINESVILLE, FL 32608 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 HAAS, VAN M  
Address 6019 SW 89TH TERRACE  
City-State-Zip: GAINESVILLE FL 32608

*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:** VAN M HAAS

**MANAGER**

**04/23/2015**

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

\_\_\_\_\_  
Date