

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000084130

Entity Name: HIGH VISION HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

1423 BARTOW DRIVE
APT. #203
CELEBRATION, FL 34747

Current Mailing Address:

1423 BARTOW DRIVE
APT. #203
CELEBRATION, FL 34747 US

FEI Number: 81-2510480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATKINSON, CLIFF
2947 SILKTREE TERRACE
THE VILLAGES, FL 32163 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 ATKINSON, DEEPIKA
Address 1423 BARTOW DRIVE
APT. #203
City-State-Zip: CELEBRATION FL 34747

Title MANAGER
Name ATKINSON, TIMOTHY JOHN
Address 1423 BARTOW DRIVE
APT. #203
City-State-Zip: CELEBRATION FL 34747

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: DEEPIKA ATKINSON

AUTHORIZED MEMBER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date