

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000257584

**Entity Name:** VIVO THERAPY LLC

**Current Principal Place of Business:**

740 SW 93RD TER  
PEMBROKE PINES, FL 33025-1147

**Current Mailing Address:**

740 SW 93RD TER  
PEMBROKE PINES, FL 33025-1147 US

**FEI Number:** 83-2471657

**Certificate of Status Desired:** Yes

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

PINERA RUIZ, LAURA  
740 SW 93RD TER  
PEMBROKE PINES, FL 33025-1147 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	Title	MGR
Name	PINERA RUIZ, LAURA	Name	GONZALEZ MENESES, JOSE J
Address	740 SW 93RD TER	Address	740 SW 93RD TER
City-State-Zip:	PEMBROKE PINES FL 33025-1147	City-State-Zip:	PEMBROKE PINES FL 33025-1147

*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:** LAURA PINERA RUIZ

MGR

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date