

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000102258

**Entity Name:** ST. THOMAS CLINIC VHD, L.L.C.

**Current Principal Place of Business:**

11373 CORTEZ BOULEVARD  
SUITE 401  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

11373 CORTEZ BOULEVARD  
SUITE 401  
BROOKSVILLE, FL 34613 US

**FEI Number:** 83-4399451

**Certificate of Status Desired:** No

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

MIAN, WAQAR Q  
11373 CORTEZ BOULEVARD  
#401  
BROOKSVILLE, FL 34613 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:** WAQAR MIAN

05/19/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MIAN, WAQAR Q  
Address        11373 CORTEZ BOULEVARD  
                  #401  
City-State-Zip: BROOKSVILLE FL 34613

Title            AMBR  
Name            ABSKHROUN, HANY  
Address        7056 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

*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:** WAQAR MIAN

PRESIDENT

05/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date