

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000102258

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

Current Principal Place of Business:

7056 MARINER BLVD
SPRING HILL, FL 34609

Current Mailing Address:

P.O. BOX 15722
BROOKSVILLE, FL 34604

FEI Number: 83-4399451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUDDASSIR, SALMAN
7056 MARINER BLVD
SPRING HILL, FL 34609 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 MUDDASSIR, SALMAN
Address 5485 FIRETHORN POINT
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: SALMAN MUDDASSIR

MANAGER

04/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date