

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000025320

Entity Name: VILLA HEALTH PULMONARY LLC

Current Principal Place of Business:

1507 BUENOS AIRES BLVD
THE VILLAGES, 32159

Current Mailing Address:

1507 BUENOS AIRES BLVD
THE VILLAGES, 32159 SU

FEI Number: 84-4506178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOGIATZIS, CHRISTOS
1507 BUENOS AIRES BLVD
THE VILLAGES, FL 32159 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 AMBR
Name VILLA, MARIVIC
Address 1507 BUENOS AIRES BLVD
City-State-Zip: THE VILLAGES FL 32159

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: MARIVIC VILLA

AMBR

02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date