

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000046248

**Entity Name:** NEW VISION HEALTHCARE SYSTEM, LLC

**Current Principal Place of Business:**

4740 PORTOFINO WAY  
APT 309  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4740 PORTOFINO WAY  
APT 309  
WEST PALM BEACH, FL 33409

**FEI Number:** 84-5150699

**Certificate of Status Desired:** No

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

BLAKE, TRUDYANN S  
4740 PORTOFINO WAY  
APT 309  
WEST PALM BEACH, FL 33409 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 BLAKE, TRUDYANN S  
Address 4740 PORTOFINO WAY, APT 309  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** BLAKE, TRUDYANN S

**MANAGER**

**05/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date