

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000502

**Entity Name:** VIVRE HEALTH, LLC

**Current Principal Place of Business:**

6205-B PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

**Current Mailing Address:**

6205-B PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328 US

**FEI Number:** 47-2724743

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name MUHL, SHAUNA SULLIVAN  
Address 6205-B PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT  
Name ESSER, PATRICK J  
Address 6205-B PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VP  
Name VICKERS, MARY  
Address 6205-B PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VP, TREASURER  
Name FRIEDMAN, MARIA  
Address 6205-B PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

*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:** MARY VICKERS

**VICE PRESIDENT**

**04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date