

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009615

Entity Name: VALINTRY HEALTH, LLC**Current Principal Place of Business:**1201 S ORLANDO AVE STE 440
WINTER PARK, FL 32789**Current Mailing Address:**1201 S ORLANDO AVE STE 440
WINTER PARK, FL 32789 US**FEI Number:** 81-2589288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, WILLIAM R JR, ESQ
SHUFFIELD, LOWMAN & WILSON PA
100 LEGION PLACE STE 1700
ORLANDO, FL 32801 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	DIXON, DARYL
Address	1201 S ORLANDO AVE STE 440
City-State-Zip:	WINTER PARK FL 32789

Title	MGR
Name	PARRIS, JOSEPH
Address	1201 S ORLANDO AVE STE 440
City-State-Zip:	WINTER PARK FL 32789

Title	MGR
Name	RUPEIKIS, TIMMY
Address	1201 S ORLANDO AVE STE 440
City-State-Zip:	WINTER PARK FL 32789

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: DARYL DIXON

CEO

02/24/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date