

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008057

**Entity Name:** VIVAMAS MEDICAL CENTER - WESTCHESTER, LLC**Current Principal Place of Business:**8415 CORAL WAY  
MIAMI, FL 33155**Current Mailing Address:**5775 BLUE LAGOON DRIVE, SUITE 450  
MIAMI, FL 33126 US**FEI Number:** 85-2914707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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	MEMBER
Name	VIVAMAS DELIVERY NETWORK, LLC
Address	8415 CORAL WAY
City-State-Zip:	MIAMI FL 33155

Title	CEO
Name	SCHUTZEN, RON
Address	8415 CORAL WAY
City-State-Zip:	MIAMI FL 33155

Title	CFO
Name	CHEVANCE, CLAUDE
Address	8415 CORAL WAY
City-State-Zip:	MIAMI FL 33155

Title	COO, PRESIDENT
Name	MAZZORANA, TONY
Address	8415 CORAL WAY
City-State-Zip:	MIAMI FL 33155

Title	SECRETARY
Name	KLAUSNER, PAUL J
Address	8415 CORAL WAY
City-State-Zip:	MIAMI FL 33155

*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:** VIVAMAS DELIVERY NETWORK, LLC

MEMBER

04/25/2022

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