

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2100000097

Entity Name: VIZION HEALTH, L.L.C.

Current Principal Place of Business:

10935 WINDS CROSSING DR STE 700
CHARLOTTE, NC 28273

Current Mailing Address:

10935 WINDS CROSSING DR STE 700
CHARLOTTE, NC 28273 US

FEI Number: 45-5453405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE, 2ND FL
TALLAHASSEE, FL 32301 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	Title	MEMBER
Name	KNEAS, AARON	Name	MILLER, ANN
Address	10935 WINDS CROSSING DR STE 700	Address	10935 WINDS CROSSING DR STE 700
City-State-Zip:	CHARLOTTE NC 28273	City-State-Zip:	CHARLOTTE NC 28273
Title	MEMBER	Title	MEMBER
Name	SCHNEIDER, MARK	Name	CHESNEY, STEPHEN
Address	10935 WINDS CROSSING DR STE 700	Address	10935 WINDS CROSSING DR STE 700
City-State-Zip:	CHARLOTTE NC 28273	City-State-Zip:	CHARLOTTE NC 28273

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: AARON KNEAS

CFO

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date