

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000097

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

**Current Principal Place of Business:**

10935 WINDS CROSSING DR., SUITE 700  
CHARLOTTE, NC 28273

**Current Mailing Address:**

10935 WINDS CROSSING DR., SUITE 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  
Name KNEAS, AARON  
Address 10935 WINDS CROSSING DR., SUITE 700  
City-State-Zip: CHARLOTTE NC 28207

Title MBR  
Name MILLER, ANN  
Address 10935 WINDS CROSSING DR., SUITE 700  
City-State-Zip: CHARLOTTE NC 28207

Title MBR  
Name SCHNEIDER, MARK  
Address 10935 WINDS CROSSING DR., SUITE 700  
City-State-Zip: CHARLOTTE NC 28207

Title MBR  
Name CHESNEY, STEPHEN  
Address 10935 WINDS CROSSING DR., SUITE 700  
City-State-Zip: CHARLOTTE NC 28207

*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

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date