


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000100247  
 1. Entity Name  
 VITAL BILLING, INC.



Principal Place of Business  
 570 N.W. 123 AVENUE  
 MIAMI, FL 33182

Mailing Address  
 570 N.W. 123 AVENUE  
 MIAMI, FL 33182



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0712558  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VITAL, INES C  
 570 NW 123 AVENUE  
 MIAMI, FL 33182

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PTD               |
| NAME           | VITAL, INES C     |
| STREET ADDRESS | 570 NW 123 AVENUE |
| CITY-ST-ZIP    | MIAMI, FL 33182   |
| TITLE          | VSD               |
| NAME           | VITAL, CARLOS R   |
| STREET ADDRESS | 570 NW 123 AVENUE |
| CITY-ST-ZIP    | MIAMI, FL 33182   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

**DO NOT WRITE IN THIS SPACE**

100000386815  
 01/19/06-80019-014 190.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 1/12/2006 DAYTIME PHONE #: 305 225 7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR