

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 02, 2012  
Secretary of State**

DOCUMENT# P96000100247

Entity Name: VITAL BILLING, INC.

**Current Principal Place of Business:**

570 N.W. 123 AVENUE  
MIAMI, FL 33182

**New Principal Place of Business:**

10305 NW 41 STREET  
SUITE 209  
MIAMI, FL 33178

**Current Mailing Address:**

570 N.W. 123 AVENUE  
MIAMI, FL 33182

**New Mailing Address:**

10305 NW 41 STREET  
SUITE 209  
MIAMI, FL 33178

FEI Number: 65-0712558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITAL, INES C  
570 NW 123 AVENUE  
MIAMI, FL 33182 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: VITAL, INES C  
Address: 570 NW 123 AVENUE  
City-St-Zip: MIAMI, FL 33182

Title: VSD  
Name: VITAL, CHRISTOPHER B  
Address: 570 NW 123 AVENUE  
City-St-Zip: MIAMI, FL 33182

Title: SECR  
Name: VITAL, MICHAEL B VITAL  
Address: 570 NW 123 AVENUE  
City-St-Zip: MIAMI, FL 33182

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: INES VITAL

PTD

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date