

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053392

**Entity Name:** VITAL SUPPORT OF AMERICA CORP.

**Current Principal Place of Business:**

8930 W STATE RD.84  
289  
DAVIE, FL 33324

**Current Mailing Address:**

8930 W STATE RD.84  
289  
DAVIE, FL 33324

**FEI Number:** 26-2853263

**Certificate of Status Desired:** No

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

FTAA CONSULTING, INC  
1920 LAKESHORE DRIVE  
WESTON, FL 33326 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

**Officer/Director Detail :**

Title P  
Name MUNERA, ANDRES  
Address 8930 W STATE RD. 84  
City-State-Zip: DAVIE FL 33324

Title SECR  
Name FORSTER CSVANY, KATRIN D  
Address 8930 W STATE RD. 84  
City-State-Zip: DAVIE FL 33324

Title D  
Name MUNERA, MIGUEL  
Address 8930 W STATE RD. 84  
City-State-Zip: DAVIE FL 33324

Title D  
Name SAVINO, PATRICIA  
Address 8930 W STATE RD. 84  
City-State-Zip: DAVIE FL 33324

*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:** KATRIN FORSTER CSVANY

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04/10/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date