

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000029458

Entity Name: FUERZA VITAL MEDICAL INSTITUTE, CORP.

Current Principal Place of Business:

8725 NW 18 TERR
SUITE 209
DORAL, FL 33172

Current Mailing Address:

8725 NW 18 TERR
SUITE 209
DORAL, FL 33172 US

FEI Number: 81-2101640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENITEZ VILA, LUIS MANUEL
8725 NW 18 TERR
SUITE 209
DORAL, FL 33172 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 D/P
Name BENITEZ VILA, LUIS MANUEL
Address 8725 NW 18 TERR
 SUITE 209
City-State-Zip: DORAL FL 33172

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: BENITEZ VILA , LUIS MANUEL

D/P

01/22/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date