

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000029458

**Entity Name:** FUERZA VITAL MEDICAL INSTITUTE, CORP.

**Current Principal Place of Business:**

3701 SW 107 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

3701 SW 107 AVE  
MIAMI, FL 33165 US

**FEI Number: 81-2101640**

**Certificate of Status Desired: No**

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

BENITEZ VILA, LUIS MANUEL  
3701 SW 107 AVE  
MIAMI, FL 33165 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	Title	VP
Name	BENITEZ VILA, LUIS MANUEL	Name	GARCIA CABRERA, CAMILO
Address	3701 SW 107 AVE	Address	3701 SW 107 AVE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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**

**PRESIDENT**

**02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date