

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000029458

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

**Current Principal Place of Business:**

275 FONTAINEBLEAU BLVD., STE. 245  
MIAMI, FL 33172

**Current Mailing Address:**

275 FONTAINEBLEAU BLVD., STE. 245  
MIAMI, FL 33172

**FEI Number: 81-2101640**

**Certificate of Status Desired: No**

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

BENITEZ VILA, LUIS MANUEL  
275 FONTAINEBLEAU BLVD., STE. 245  
MIAMI, 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        275 FONTAINEBLEAU BLVD., STE. 245  
  
City-State-Zip: MIAMI 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: LUIS MANUEL BENITEZ VILA**

**PRESIDENT**

**01/30/2017**

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

\_\_\_\_\_ Date