

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000061399

**Entity Name:** VP HEALTH GROUP, INC.

**Current Principal Place of Business:**

694 8TH STREET NORTH  
NAPLES, FL 34102

**Current Mailing Address:**

694 8TH STREET NORTH  
NAPLES, FL 34102 US

**FEI Number: 83-1270526**

**Certificate of Status Desired: No**

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

SCHUTT, DARRIN R ESQ.  
12601 NEW BRITTANY BOULEVARD  
FORT MYERS, FL 33907 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 VANCE, NANCY  
Address 694 8TH STREET NORTH  
City-State-Zip: NAPLES FL 34102

Title V  
Name PELLICIONI, AMANDA  
Address 694 8TH STREET NORTH  
City-State-Zip: NAPLES FL 34102

Title V  
Name VANCE, PAUL  
Address 694 8TH STREET NORTH  
City-State-Zip: NAPLES FL 34102

Title V  
Name PELLICIONI, BRICE  
Address 694 8TH STREET NORTH  
City-State-Zip: NAPLES FL 34102

*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: PAUL VANCE**

**VP**

**01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date