

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000100247

**Entity Name:** VITAL BILLING, INC.

**Current Principal Place of Business:**

8249 NW 36 STREET  
SUITE 204  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36 STREET  
SUITE 204  
DORAL, FL 33166 US

**FEI Number:** 65-0712558

**Certificate of Status Desired:** No

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

VITAL, INES C  
8249 NW 36 STREET  
SUITE 204  
DORAL, FL 33166 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:** INES C VITAL

01/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTD  
Name           VITAL, INES C  
Address        8249 NW 36 STREET  
                  SUITE 204  
City-State-Zip: DORAL FL 33166

Title           VSD  
Name           VITAL, CHRISTOPHER B  
Address        8249 NW 36 STREET  
                  SUITE 204  
City-State-Zip: DORAL FL 33166

Title           SECR  
Name           VITAL, MICHAEL B  
Address        8249 NW 36 STREET  
                  SUITE 204  
City-State-Zip: DORAL FL 33166

Title           ASST. SECRETARY  
Name           VITAL, MATTHEW S  
Address        8249 NW 36 STREET  
                  SUITE 204  
City-State-Zip: DORAL FL 33166

Title           ASST. SECRETARY  
Name           VITAL, CARLOS ROGELIO  
Address        8249 NW 36 STREET  
                  SUITE 204  
City-State-Zip: DORAL FL 33166

*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:** INES C VITAL

PRESIDENT/OWNER

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date