Electronic Signature of Signing Officer/Director Detail

2019 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

### 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			01/10/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PTD	Title	VSD	
Name	VITAL, INES C	Name	VITAL, CHRISTOPHER B	
Address	8249 NW 36 STREET SUITE 204	Address	8249 NW 36 STREET SUITE 204	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	
Title	SECR	Title	ASST. SECRETARY	
Name	VITAL, MICHAEL B	Name	VITAL, MATTHEW S	
Address	8249 NW 36 STREET SUITE 204	Address	8249 NW 36 STREET SUITE 204	
City-State-Zip:	DORAL FL 33166	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

01/10/2019 Date

# FILED Jan 10, 2019 Secretary of State 1201912992CC

Certificate of Status Desired: No