

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000100247

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

**Current Principal Place of Business:**

10305 NW 41 STREET  
SUITE 209  
MIAMI, FL 33178

**Current Mailing Address:**

10305 NW 41 STREET  
SUITE 209  
MIAMI, FL 33178

**FEI Number:** 65-0712558

**Certificate of Status Desired:** No

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

VITAL, INES C  
10305 NW 41 STREET  
SUITE 209  
MIAMI, FL 33178 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	PTD	Title	VSD
Name	VITAL, INES C	Name	VITAL, CHRISTOPHER B
Address	10305 NW 41 STREET SUITE 209	Address	10305 NW 41 STREET SUITE 209
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	MIAMI FL 33178
Title	SECR	Title	ASST. SECRETARY
Name	VITAL, MICHAEL B	Name	VITAL, MATTHEW S
Address	10305 NW 41 STREET SUITE 209	Address	10305 NW 41 STREET SUITE 209
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	MIAMI FL 33178

*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**

**03/11/2015**

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