

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036510

**Entity Name:** VITALMD GROUP HOLDING, LLC**Current Principal Place of Business:**3225 AVIATION AVENUE  
SUITE 700  
COCONUT GROVE, FL 33133**Current Mailing Address:**P.O. BOX 43-2040  
MIAMI, FL 33243-2040**FEI Number:** 54-2129332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YELEN, MITCHELL A  
3225 AVIATION AVENUE#500  
MIAMI, FL 33133 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

**Authorized Person(s) Detail :**

Title PRESIDENT, AUTHORIZED MEMBER  
Name VIZOSO, JAVIER MD  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title VP, AUTHORIZED MEMBER  
Name KUHN, KERRY MD  
Address 1725 N. UNIVERSITY DR., STE. 440  
City-State-Zip: CORAL SPRINGS FL 33071

Title VP, AUTHORIZED MEMBER  
Name ESSERMAN, JAMES DR.  
Address 8950 SW 74TH COURT  
SUITE 2001  
City-State-Zip: MIAMI FL 33156

Title EXECUTIVE DIRECTOR, AUTHORIZED  
REPRESENTATIVE  
Name LEON, FRANCISCO  
Address 3225 AVIATION AVE  
SUITE 700  
City-State-Zip: MIAMI FL 33133

Title EXECUTIVE CHAIRMAN, AUTHORIZED  
MEMBER  
Name SALKIND, GLENN  
Address 8950 SW 74TH COURT  
SUITE 2001  
City-State-Zip: MIAMI FL 33156

Title VP, AUTHORIZED MEMBER  
Name GRENITZ, MARK MD  
Address 220 SW 84TH AVE  
SUITE 105  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY, AUTHORIZED MEMBER  
Name FIDALGO, EDWARD MD  
Address 3659 S MIAMI AVE, STE. 5005  
City-State-Zip: MIAMI FL 33133

Title VP, AUTHORIZED MEMBER  
Name ADLER, DAVID  
Address 12959 PALMS WEST DRIVE  
SUITE 130  
City-State-Zip: LOXAHATCHEE FL 33470

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAVIER VIZOSO, M.D.

VP &amp; GENERAL COUNSEL 03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date