

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003379

**Entity Name:** VITAL ONE HEALTH PLANS DIRECT, LLC

**Current Principal Place of Business:**

115 N.W. 2ND AVENUE  
SUITE # 115  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

1314 E LAS OLAS BLVD  
SUITE 285  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 26-4034408

**Certificate of Status Desired:** No

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

GARBATI, MARIA C  
115 N.W. 2ND AVENUE  
SUITE # 115  
FT. LAUDERDALE, FL 33311 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 MGRM  
Name LUIS, RENE  
Address 6365 COLLINS AVE APT 3111  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name GRACIA, ELIBERTO  
Address 6855 SW 120 ST  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name GARBATI, MARIA C  
Address 2600 CARDENA STREET # 1  
City-State-Zip: CORAL GABLES FL 33134

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA CLARA GARBATI

MGR

04/09/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date