

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003379

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

**Current Principal Place of Business:**

1314 EAST LAS OLAS BLVD # 285, SUITE 285  
STE 89  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 EAST LAS OLAS BLVD  
SUITE 285  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 26-4034408

**Certificate of Status Desired:** No

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

GARBATI, MARIA C  
1314 EAST LAS OLAS BLVD  
SUITE 285  
FORT LAUDERDALE, FL 33301 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 4401 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

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

Title MGR  
Name GARBATI, MARIA C  
Address 13153 SW 91 PLACE  
City-State-Zip: MIAMI FL 33176

*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:** ELIBERTO GRACIAS

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date