

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000003379

Entity Name: VITAL ONE HEALTH PLANS DIRECT, LLC

Current Principal Place of Business:

16250 NW 59 AVENUE
SUITE # 208 & 209
MIAMI LAKES, FL 33014

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
16250 NW 59 AVENUE
SUITE # 208
MIAMI LAKES, FL 33014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA C GARBATI

MGR

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date