

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000006342

Entity Name: B VITAL INFUSION, LLC

Current Principal Place of Business:

13005 SOUTHERN BLVD.
SUITE 225
LOXAHATCHEE, FL 33470

Current Mailing Address:

13005 SOUTHERN BLVD.
SUITE 225
LOXAHATCHEE, FL 33470 US

FEI Number: 81-4976500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANK, DOROTHY DR.
968 GALLOP DR.
LOXAHATCHEE, FL 33470 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 AMBR
Name BALLARD, LAURA
Address 13100 MEADOWBREEZE DR.
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name BLANK, DOROTHY DR.
Address 968 GALLOP DR
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: LAURA BALLARD

AMBR

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date