

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000279521

**Entity Name:** VITAL NURSING SERVICES LLC

**Current Principal Place of Business:**

1213 SCOTT AVENUE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

1213 SCOTT AVENUE  
LEHIGH ACRES, FL 33972 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ESTEVEZ, YOESDAN R  
1213 SCOTT AVENUE  
LEHIGH ACRES, FL 33972 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            AUTHORIZED MEMBER  
Name            ESTEVEZ, YOESDAN R  
Address        1213 SCOTT AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

*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:** YOESDAN R ESTEVEZ

**REGISTERED MEMBER**

**03/31/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date