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

MGR

that my name appears above, or on an attachment with all other like empowered. SIGNATURE: YANDY RODRIGUEZ

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: VITALCARE RESEARCH LLC

DOCUMENT# L20000317413

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

3399 NW 72 AVE 219-220 MIAMI, FL 33122

#### **Current Mailing Address:**

3399 NW 72 AVE 219-220 MIAMI, FL 33122 US

#### FEI Number: 85-3529406

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ARTEAGA, ARIEL 3399 NW 72 AVE 219-220 MIAMI, FL 33122 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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	ARTEAGA, ARIEL	Name	RODRIGUEZ, YANDY
Address	33990 NW 72 AVE STE 219-220	Address	3399 NW 72 AVE STE 219-220
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122

## Certificate of Status Desired: No

Date

04/21/2022

## FILED Apr 21, 2022 Secretary of State 3012961989CC

Date