

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000326187

**Entity Name:** VITAL HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

7356 EDISTO DR.  
LAKE WORTH, FL 33467

**Current Mailing Address:**

7356 EDISTO DR.  
LAKE WORTH, FL 33467

**FEI Number: 87-1786398**

**Certificate of Status Desired: No**

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

ESTIME, GUERLYNE O  
7356 EDISTO DR.  
LAKE WORTH, FL 33467 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 MGR  
Name ESTIME, FRITZNAUD  
Address 7356 EDISTO DR.  
City-State-Zip: LAKE WORTH FL 33467

*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: ESTIME, FRITZNAUD**

**MANAGER**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date