

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000326187

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

**Current Principal Place of Business:**

2620 N AUSTRALIAN AVE  
STE 109  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2620 N AUSTRALIAN AVE  
STE 109  
WEST PALM BEACH, FL 33407 US

**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	Title	MANAGER
Name	ESTIME, FRITZNAUD	Name	ESTIME, GUERLYNE
Address	7356 EDISTO DR.	Address	7356 EDISTO DR.
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 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:** GUERLYNE ESTIME

**MANAGER**

**03/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date