

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000281751

**Entity Name:** VITALEXAM LLC

**Current Principal Place of Business:**

5001 WHEELER WAY  
PENSACOLA, FL 32526

**Current Mailing Address:**

101 PALAFOX PL  
#3  
PENSACOLA, FL 32591

**FEI Number:** 88-2893801

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC.  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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	MGRM	Title	MGR
Name	VITALE, MARCI J APRN	Name	VITALE, MICHAEL L
Address	101 PALAFOX PL, #3	Address	101 PALAFOX PL, #3
City-State-Zip:	PENSACOLA FL 32591	City-State-Zip:	PENSACOLA FL 32591

*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:** MICHAEL VITALE

MGR

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date