

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045713

FILED
Mar 10, 2010
Secretary of State

Entity Name: VITAL CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

651 HARTH DR
WEST PALM BEACH, FL 33415

New Principal Place of Business:

2188 JOG ROAD
GREENACRES, FL 33415

Current Mailing Address:

651 HARTH DR
WEST PALM BEACH, FL 33415

New Mailing Address:

C/O LOPEZ ACCOUNTING & TAX SERV
1800 W 49 ST, STE 223
HIALEAH, FL 33012

FEI Number: 26-2611292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, GIOVANA S
651 HARTH DR
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

GONZALEZ, GIOVANNA S
651 HARTH DR
WEST PALM BEACH, FL 33415 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: GIOVANNA S GONZALEZ

03/10/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GONZALEZ, GIOVANNA S
Address: 651 HARTH DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP
Name: GONZALEZ, ENRIQUE
Address: 651 HARTH DR
City-St-Zip: WEST PALM BEACH, FL 33415

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GIOVANNA S GONZALEZ

P

03/10/2010

Electronic Signature of Signing Officer or Director

Date