

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037018

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** VITA HEALTH & MEDICAL CENTER, INC.

**Current Principal Place of Business:**

4600 W COMMERCIAL BLVD SUITE 1  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4600 W COMMERCIAL BLVD SUITE 1  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 27-0162744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ITTAH, AVNER  
11800 SW 18TH ST APT 128  
MIAMI, FL 33175 US

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

MARC, VERTUS  
11967 NW 55 ST  
CORAL SPRINGS, FL 33076 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:** MARC VERTUS

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** MARC, VERTUS  
**Address:** 11967 NW 55 ST  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** PRES  
**Name:** VERTUS, MARC  
**Address:** 11967 NW 55TH ST  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** MARC VERTUS

CEO

03/12/2012

Electronic Signature of Signing Officer or Director

Date