

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000045713

**Entity Name:** VITAL CARE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2188 JOG ROAD  
GREENACRES, FL 33415

**Current Mailing Address:**

C/O LOPEZ ACCOUNTING & TAX SERV  
3408 W 84TH STREET SUITE 106  
HIALEAH, FL 33018 US

**FEI Number:** 26-2611292

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VP  
Name GONZALEZ, ENRIQUE  
Address 651 HARTH DR  
City-State-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

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date