

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000283977

**Entity Name:** VIDA PLUS MEDICAL, LLC

**Current Principal Place of Business:**

339 CYPRESS PARKWAY  
SUITE 250  
KISSIMMEE, FL 34759

**Current Mailing Address:**

3105 CRISPIN CIR  
SAINT CLOUD, FL 34773 US

**FEI Number:** 88-2920111

**Certificate of Status Desired:** Yes

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

NIEVES HERNANDEZ, EDWIN J  
3105 CRISPIN CIR  
SAINT CLOUD, FL 34773 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            AMBR  
Name            NIEVES HERNANDEZ, EDWIN J  
Address        3105 CRISPIN CIR  
City-State-Zip: SAINT CLOUD FL 34773

*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:** EDWIN J. NIEVES HERNANDEZ

**OWNER**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date