

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000270476

**Entity Name:** VITAL URGENT CARE, LLC

**Current Principal Place of Business:**

1749 N MILITARY TRAIL  
SUITE A  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1749 N MILITARY TRAIL  
SUITE A  
WEST PALM BEACH, FL 33409 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JESTINE, NERLYN J  
1749 N MILITARY TRAIL  
SUITE A  
WEST PALM BEACH, FL 33409 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 MGR  
Name JESTINE, NERLYN J  
Address 1749 N MILITARY TRAIL  
SUITE A  
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR  
Name JESTINE, WIKENSON J  
Address 1749 N MILITARY TRAIL  
SUITE A  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** NERLYNJESTINE

**MGRM**

**04/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date