


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F03000003742 1. Entity Name IMMUNA CARE CORPORATION	
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Principal Place of Business 650 SENTRY PARKWAY, STE. ONE BLUE BELL, PA 19422	Mailing Address 650 SENTRY PARKWAY, STE. ONE BLUE BELL, PA 19422
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2521657	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KLUG, THOMAS L  
13654 NORTH 12TH STREET, STE. 3  
TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLUG, THOMAS L 13654 N. 12TH STREET, STE. 3 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MANKIN, GARY 650 SENTRY PARKWAY, STE. ONE BLUE BELL, PA 19422
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**DO NOT WRITE IN THIS SPACE**

U00000672117  
03/28/07-80057-006-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Mankin 3/14/07 610 941-2167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #