

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003742

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** IMMUNA CARE CORPORATION

**Current Principal Place of Business:**

650 SENTRY PARKWAY, STE. ONE  
BLUE BELL, PA 19422

**New Principal Place of Business:**

**Current Mailing Address:**

650 SENTRY PARKWAY, STE. ONE  
BLUE BELL, PA 19422

**New Mailing Address:**

FEI Number: 23-2521657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KLUG, THOMAS L  
Address: 13654 N. 12TH STREET, STE. 3  
City-St-Zip: TAMPA, FL 33613

Title: DVP  
Name: MANKIN, GARY  
Address: 650 SENTRY PARKWAY, STE. ONE  
City-St-Zip: BLUE BELL, PA 19422

Title: ST  
Name: MANKIN, GARY  
Address: 650 SENTRY PARKWAY, STE. ONE  
City-St-Zip: BLUE BELL, PA 19422

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: GARY MANKIN

VP

01/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date