

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003742

FILED
Feb 02, 2012
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

02/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date