

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124268

**FILED  
Apr 26, 2015  
Secretary of State  
CC3481815641**

**Entity Name:** VAX INC. OF BREVARD

**Current Principal Place of Business:**

8805 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

8805 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**FEI Number:** 20-1549910

**Certificate of Status Desired:** No

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

VAXMONSKY, JERRY D  
8805 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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

**Officer/Director Detail :**

Title P  
Name VAXMONSKY, JERRY D  
Address 8805 SOUTH TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title VP  
Name VAXMONSKY, MARIE  
Address 8805 SOUTH TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name VAXMONSKY, RYAN  
Address 6461 BORASCO DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name VAXMONSKY, MARIE  
Address 8805 SOUTH TROPICAL TRAIL  
City-State-Zip: MERRIT ISLAND FL 32952

Title D  
Name VAXMONSKY, RYAN  
Address 6461 BORASCO DRIVE #2805  
City-State-Zip: MELBOURNE FL 32940

*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:** JERRY VAXMONSKY

P

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date