

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000028069

**Entity Name:** VAXCARE CORPORATION**Current Principal Place of Business:**3113 LAWTON RD  
SUITE 250  
ORLANDO, FL 32803**Current Mailing Address:**3113 LAWTON RD  
SUITE 250  
ORLANDO, FL 32803 US**FEI Number:** 02-0769966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGINN, JAMES P. JR.  
3113 LAWTON RD  
SUITE 250  
ORLANDO, FL 32803 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:** JAMES P. MCGINN JR.

04/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DELOACH, CASEY B  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name MAZZOLI, JON  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR OF SALES & MARKETING  
Name BURDEN, GREG  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title CFO  
Name KENEFICK, BRETT  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name CRABTREE, JOHN  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name DELOACH, DAVID B  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

Title COO  
Name LANDIS, EVAN R  
Address 3113 LAWTON RD  
SUITE 250  
City-State-Zip: ORLANDO FL 32803

*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:** BRETT KENEFICK

CFO

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date