

2016 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:**LODGE, MAREEKA
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:** MAREEKA LODGE

03/10/2016

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: CASEY DELOACH

PRESIDENT

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date