

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000085527

**Entity Name:** VAXCARE LEGACY HOLDINGS, INC.

**Current Principal Place of Business:**

3113 LAWTON ROAD, SUITE 250  
ORLANDO, FL 32803

**Current Mailing Address:**

3113 LAWTON ROAD, SUITE 250  
ORLANDO, FL 32803

**FEI Number: 85-3751637**

**Certificate of Status Desired: No**

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

YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST., SUITE 1  
TALLAHASSEE, FL 32301 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 D  
Name MAZZOLI, JON  
Address 3113 LAWTON ROAD, SUITE 250  
City-State-Zip: ORLANDO FL 32803

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

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

Title D  
Name DELOACH, DAVID B  
Address 3113 LAWTON ROAD, 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**

**MANAGER**

**07/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date