

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003742

Entity Name: IMMUNA CARE CORPORATION

Current Principal Place of Business:

650 SENTRY PARKWAY, STE. ONE
BLUE BELL, PA 19422

Current Mailing Address:

650 SENTRY PARKWAY, STE. ONE
BLUE BELL, PA 19422

FEI Number: 23-2521657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLUG, THOMAS L
13654 NORTH 12TH STREET, STE. 3
TAMPA, FL 33613 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 DP
Name KLUG, THOMAS L
Address 13654 N. 12TH STREET, STE. 3
City-State-Zip: TAMPA FL 33613

Title DVP
Name MANKIN, GARY
Address 650 SENTRY PARKWAY, STE. ONE
City-State-Zip: BLUE BELL PA 19422

Title ST
Name MANKIN, GARY
Address 650 SENTRY PARKWAY, STE. ONE
City-State-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

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date