FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01297** **(5)**

1. Corporate Name

VITAL CARE OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
C/O RANDALL ADAMS MCELHENEY 700 EAST BUSINESS HIGHWAY 98 PANAMA CITY FL 32401	700 E. BUS HWY 98 PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1989**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2954932**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MCELHENEY, RANDALL ADAMS
700 EAST BUSINESS HIGHWAY 98
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Florida Statutes.

SIGNATURE: Randall A McElheney 4/29/95

(If changing Registered Agent, New Agent must sign here) (If changing Registered Agent, previous agent must sign here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN F.	
41	PD	41	☐ Change ☐ Addition
42 NAME	MCELHENEY, RANDALL ADAMS	42 NAME	
43 STREET ADDRESS	700 E BUS. HWY 98	43 STREET ADDRESS	
44 CITY ST ZIP	PANAMA CITY FL	44 CITY ST ZIP	
45	SD	45	☐ Change ☐ Addition
46 NAME	MCELHENEY, KAREN K.	46 NAME	
47 STREET ADDRESS	700 E BUS. HWY 98	47 STREET ADDRESS	
48 CITY ST ZIP	PANAMA CITY FL	48 CITY ST ZIP	
49		49	☐ Change ☐ Addition
50 NAME		50 NAME	
51 STREET ADDRESS		51 STREET ADDRESS	
52 CITY ST ZIP		52 CITY ST ZIP	
53		53	☐ Change ☐ Addition
54 NAME		54 NAME	
55 STREET ADDRESS		55 STREET ADDRESS	
56 CITY ST ZIP		56 CITY ST ZIP	
57		57	☐ Change ☐ Addition
58 NAME		58 NAME	
59 STREET ADDRESS		59 STREET ADDRESS	
60 CITY ST ZIP		60 CITY ST ZIP	
61		61	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my 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 in Block 1 or Block 11 above, or on an attachment with an address.

SIGNATURE: Randall A McElheney 4/29/95 904-785-3104

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN (Date) (Area Code & Daytime Phone Number)

0030007 CP