

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050746

Entity Name: VITOCORE, LLC

FILED  
Jan 14, 2011  
Secretary of State

**Current Principal Place of Business:**

8826 GOODBYS EXECUTIVE DRIVE  
SUITE A  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8826 GOODBYS EXECUTIVE DRIVE  
SUITE A  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

WATSON, TODD  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256    US

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

BRANT, ABRAHAM, REITER, MCCORMICK,&JOHNSON  
50 N. LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 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: JAN MCCORMICK

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COHEN, TOMMY D.C. TRUSTEE  
Address: 6942 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM  
Name: COHEN, VICKI C TRUSTEE  
Address: 6942 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOMMY D C COHEN

OWNR

01/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date