

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043288

Entity Name: VAXCARE OHIO, LLC

FILED  
Apr 27, 2011  
Secretary of State

## Current Principal Place of Business:

4401 S. ORANGE AVE., SUITE 117  
ORLANDO, FL 32806

## New Principal Place of Business:

4401 SOUTH ORANGE AVENUE, SUITE 117  
ORLANDO, FL 32806

## Current Mailing Address:

4401 S. ORANGE AVE., SUITE 117  
ORLANDO, FL 32806

## New Mailing Address:

4401 SOUTH ORANGE AVENUE, SUITE 117  
ORLANDO, FL 32806

FEI Number: 27-2416267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANT, CARLA D  
1206 E. RIDGEWOOD STREET  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

BRYANT, CARLA DELOACH  
1206 EAST RIDGEWOOD STREET  
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: CARLA DELOACH BRYANT

04/27/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: DELOACH, CASEY B  
Address: 4401 SOUTH ORANGE AVENUE, SUITE 117  
City-St-Zip: ORLANDO, FL 32806

Title: MGR  
Name: CRABTREE, JOHN  
Address: 4401 SOUTH ORANGE AVENUE, SUITE 117  
City-St-Zip: ORLANDO, FL 32806

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: CASEY B. DELOACH

MGR

04/27/2011

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