

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050037

FILED
Apr 27, 2011
Secretary of State

Entity Name: VAXCARE NORTH CAROLINA, LLC

Current Principal Place of Business:

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

New Mailing Address:

4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806

FEI Number: 27-2548242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH BRYANT, CARLA
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