


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000095116 1. Entity Name VERICARE OF FLORIDA, INC.	
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Principal Place of Business
4715 VIEWRIDGE AVENUE
SUITE 230
SAN DIEGO, CA 92123-1680

Mailing Address
4715 VIEWRIDGE AVENUE
SAN DIEGO, CA 92123-1680



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0931841	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A ESQ.
2018 EAST 4TH AVENUE
TAMPA, FL 33605-5216

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, M.D., THOMAS P 4715 VIEWRIDGE AVENUE, SUITE 230 SAN DIEGO, CA 921231680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CASCIANI, PHD, JOSEPH M 4715 VIEWRIDGE AVENUE, SUITE 230 SAN DIEGO, CA 921231680
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02/10/06-80064-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3610