FROM :VITAL HOMECARE OF FLORIDA, INC FAX NO. :5619656025

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90096 044 ***150.00

DOCUMENT # P04000004574

1. Entity Name
VITAL HOMECARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3923 LAKE WORTH RD. #205 LAKE WORTH FL 33461	3923 LAKE WORTH RD. #205 LAKE WORTH FL 33461

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
5700 Lake Worth Rd	5700 Lake Worth Rd
Suite, Apt. #, etc.: 209-C	Suite, Apt. #, etc.: 209-C
City & State: Lake Worth, Florida	City & State: Lake Worth, Florida
Zip: 33463 Country: Palm Beach	Zip: 33463 Country: Palm Beach

4. FEI Number: 02-0713745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NWABEKE, VINCENT I
3923 LAKE WORTH RD., #205
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name: VINCENT NWABEKE
Street Address (P.O. Box Number is Not Acceptable): 5700 Lake Worth Rd. Ste. 209-C
City: Lake Worth, FL **FL** Zip Code: 33463

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: Vincent Nwabeke 1/26/06
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST NWABEKE, VICTORIA 3923 LAKE WORTH ROAD, SUITE 205 LAKE WORTH FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWABEKE, VICTORIA I 3923 LAKE WORTH ROAD, SUITE 205 LAKE WORTH FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWABEKE, VINCENT I 3923 LAKE WORTH ROAD, SUITE 205 LAKE WORTH FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWABEKE, VINCENT I 3923 LAKE WORTH ROAD, SUITE 205 LAKE WORTH FL 33461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Vincent Nwabeke 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #