

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004574

FILED
Apr 30, 2009
Secretary of State

Entity Name: VITAL HOMECARE OF FLORIDA, INC.

Current Principal Place of Business:

5700 LAKE WORTH RD.
209-6
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH RD.
209-6
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 02-0713745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NWABEKE, VINCENT I
5700 LAKE WORTH RD.
STE. 209-6
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

LEDIS, DAVID
5700 LAKE WORTH RD.
STE. 209-6
LAKE WORTH, FL 33463 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: DAVID LEDIS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: NWABEKE, VICTORIA
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: NWABEKE, VICTORIA I
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: NWABEKE, VINCENT I
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: NWABEKE, VINCENT I
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEDIS, DAVID
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: BENSON, DANIEL
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: NWABEKE, VICTORIA
Address: 5700 LAKE WORTH ROAD, SUITE 209-6
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEDIS

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date