

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115128

Entity Name: VS PRIMO HEALTH CARE PA

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

1026 FLORIDA AVE. SOUTH
ROCKLEDGE, FL 32955

New Principal Place of Business:

7000 SPYGLASS COURT
VIERA, FL 32940

Current Mailing Address:

1026 FLORIDA AVE. SOUTH
ROCKLEDGE, FL 32955

New Mailing Address:

7000 SPYGLASS COURT
VIERA, FL 32940

FEI Number: 86-1146354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIORTINO, VINCENT MD
1026 FLORIDA AVE. SOUTH
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SCIORTINO, VINCENT MD
7000 SPYGLASS COURT
VIERA, FL 32940 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: VINCENT SCIORTINO MD

07/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: SCIORTINO, VINCENT MD
Address: 810 EAGLE EYRIE DR.
City-St-Zip: BILOXI, MS 39532

Title: VPST () Delete
Name: SCIORTINO, ISILMA A
Address: 810 EAGLE EYRIE DR.
City-St-Zip: BILOXI, MS 39532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: SCIORTINO, VINCENT MD
Address: 7000 SPYGLASS HILL COURT
City-St-Zip: VIERA, FL 32940

Title: VPST (X) Change () Addition
Name: SCIORTINO, ISILMA A
Address: 7000 SPYGLASS HILL COURT
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENT SCIORTINO

PRES

07/14/2006

Electronic Signature of Signing Officer or Director

Date