

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028069

FILED  
Mar 19, 2010  
Secretary of State

Entity Name: VAXCARE CORPORATION

**Current Principal Place of Business:**

4401 SOUTH ORANGE AVE.  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

4401 SOUTH ORANGE AVE.  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 02-0769966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELOACH, CASEY  
20 NORTH ORANGE AVENUE  
1305  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DELOACH, CASEY  
Address: 20 NORTH ORANGE AVENUE, SUITE 1305  
City-St-Zip: ORLANDO, FL 32806

Title: VPTD  
Name: CRABTREE, JOHN  
Address: 20 NORTH ORANGE AVENUE, SUITE 1305  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: CASEY B. DELOACH

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03/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date