

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028069

Entity Name: VAXCARE CORPORATION

FILED
Apr 27, 2011
Secretary of State

Current Principal Place of Business:

4401 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806

Current Mailing Address:

4401 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Mailing Address:

4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806

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:

DELOACH, CASEY B
4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806 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: CARLA DELOACH BRYANT

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DELOACH, CASEY B
Address: 4401 SOUTH ORANGE AVENUE, SUITE 117
City-St-Zip: ORLANDO, FL 32806

Title: VPTD
Name: CRABTREE, JOHN
Address: 4401 SOUTH ORANGE AVENUE, SUITE 117
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

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date