

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028069

Entity Name: VAXCARE CORPORATION

FILED
Mar 21, 2012
Secretary of State

Current Principal Place of Business:

400 GATLIN AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

400 GATLIN AVENUE
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 B
4401 SOUTH ORANGE AVENUE
SUITE 117
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

DELOACH, CASEY B
400 GATLIN AVE
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: CASEY DELOACH

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DELOACH, CASEY B
Address: 400 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: VPTD
Name: CRABTREE, JOHN
Address: 400 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: MAZZOLI, JON
Address: 400 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: DELOACH, DAVID B
Address: 400 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: VP
Name: BURDEN, GREG
Address: 400 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: VP
Name: LANDIS, EVAN R
Address: 400 GATLIN AVE
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: EVAN LANDIS

VP

03/21/2012

Electronic Signature of Signing Officer or Director

Date