2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P07000102394

Entity Name: VITALCARE CONNECTION, INC.

Current Principal Place of Business:

2740 NORTHEAST 52ND CT
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2740 NORTHEAST 52ND CT
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 36-4616878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COVA, DORA J
2740 NORTHEAST 52ND CT
LIGHTHOUSE POINT, FL 33064 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:	DP	( ) Delete
Name:	COVA, DORA J	
Address:	2740 NE 52ND CT.	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	DVP	( ) Delete
Name:	IANNUCCI, GLORIA Y	
Address:	2740 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	D	( ) Delete
Name:	COVA, FRANK	
Address:	2740 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	T	( ) Delete
Name:	ODESCALCHI, CARLOS U	
Address:	2740 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	S	( ) Delete
Name:	TORCAT, FRANCISCO R	
Address:	2740 NE 52ND CT	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DORA J. COVA P 04/25/2008

Electronic Signature of Signing Officer or Director — Date