2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# P09000039539

Entity Name: VICKICARS HEALTH CARE INC.

Current Principal Place of Business:

3942 S W JARMER RD
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 310071
TAMPA, FL 33680 US

New Mailing Address:

3942 S W JARMER RD
PORT ST LUCIE, FL 34953 US

FEI Number: 80-0406052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARSWELL, VICKI
3942 S W JARMER RD
PORT ST LUCIE, FL 34953 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

OFFICERS AND DIRECTORS:

Title: D/P
Name: CARSWELL, VICKI
Address: 3942 S W JARMER RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D/VP
Name: CARSWELL, CURTIS
Address: P O BOX 880605
City-St-Zip: PORT ST LUCIE, FL 34988

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: VICKI CARSWELL D/P 04/12/2011

Electronic Signature of Signing Officer or Director Date