

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023328

Entity Name: ONSITE VACCINES, INC.

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2532 SW 12TH PL.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

2532 SW 12TH PL.  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: 45-0598460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, CHRISTOPHER D  
2532 SW 12TH PL.  
CAPE CORAL, FL 33914 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: P, D  
Name: WHITE, CHRISTOPHER D  
Address: 2532 SW 12TH PL.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S  
Name: WHITE, CHRISTOPHER D  
Address: 2532 SW 12TH PL.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T  
Name: WHITE, RENA K  
Address: 2532 SW 12TH PL.  
City-St-Zip: CAPE CORAL, FL 33914 US

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: CHRISTOPHER D. WHITE

PRES

02/28/2012

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

\_\_\_\_\_  
Date