

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000024781

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** VITAL TOUCH THERAPEUTICS, INC.

**Current Principal Place of Business:**

2208 NE 11TH AVE  
WILTON MANOR, FL 33305

**New Principal Place of Business:**

2208 NE 11TH AVE  
WILTON MANOR, FL 33305 UN

**Current Mailing Address:**

1515 NE 16TH TER.  
FT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 65-0400385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOEN, SUSAN F  
1515 NE 16TH TER  
FT LAUDERDALE, FL 33304 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  
Name: SCHOEN, SUSAN F  
Address: 1515 N.E. 16TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33304

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: SUSAN F SCHOEN

PRES

01/11/2012

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

\_\_\_\_\_  
Date