

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048959

Entity Name: VITAE CARE, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

955 HUNTING LODGE DR.  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

4847 CR 78  
LABELLE, FL 33935

## Current Mailing Address:

955 HUNTING LODGE DR.  
MIAMI SPRINGS, FL 33166

## New Mailing Address:

P.O. BOX 1558  
LABELLE, FL 33975

FEI Number: 65-0425583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLSON, DAVID L  
145 CURTISS PARKWAY  
MIAMI SPRINGS, FL 33166 US

## Name and Address of New Registered Agent:

CARLSON, DAVID L  
8180 NW 36 STREET  
100  
MIAMI, FL 33166 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARLSON, RUTH  
Address: 955 HUNTING LODGE DR.  
City-St-Zip: MIAMI SPRINGS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARLSON, RUTH  
Address: P. O. BOX 1558  
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUTH CARLSON

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date