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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078809 (9)**

1. Corporation Name
VITACARE, INC.

Principal Place of Business	Mailing Address
C/O J. J. FADEM, M.D. 1315 S ORANGE AVE S-1B ORLANDO FL 32806 US	C/O J J FADEM, M.D. 1315 S ORANGE AE S-1B ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 825 GARLAND AVE,	2a. Mailing Address 26 P.O BOX 531163
Suite, Apt. #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32801 / 25	Zip / Country 29 32853-1163 / 30

3. Date Incorporated or Qualified 11/03/1993	3a. Date of Last Report 04/04/1994
4. FEI Number APPLIED FOR 59-3229920	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GROWER, MASON H III 111 N. ORANGE AVE. SUITE 1700 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FADEM, JEROLD J SR	12 NAME	
STREET ADDRESS	1315 S ORANGE AVE S1-B	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, RORY A	22 NAME	
STREET ADDRESS	200 W GORE ST	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PARTAIN, JONATHON	32 NAME	
STREET ADDRESS	80 W LUCERNE CIR	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	PARKER, JACK	42 NAME	
STREET ADDRESS	16 W COLUMBIA S-1B	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SANBORN, ALDEN E	52 NAME	
STREET ADDRESS	100 W GORE S605	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STINE, SANDRA	62 NAME	
STREET ADDRESS	1315 S ORANGE AVE S3A	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000060 CP