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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000078809 (9)

VITACARE, INC.

FILED Feb 04 1998 8:00am Secretary of State

|--|--|

Principal Place of Business	Mailing Address	ing Address		# 1001/201 (18 46150)(()) # 2011 0011 0011 0011 1006, (010) 2011 0010 5011 1001	A IDDULTOR I IIA 18180 IIIII EDIII DOIII OETIY ADIII 1906, IOINI 18114 BOHO 1911 LODU	
845 NO GARLAND AVE. STE 200 ORLANDO FL 32801	POST OFFICE BOX 531 1315 S ORANGE AE S- ORLANDO FL 32853-16	-1B		DO NOT WRITE IN THIS SPACE		
U\$	US			3. Date Incorporated or Qualified	-	
	1 A. Marrier Andrews			11/03/1993	4	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	\exists	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			59-3229920 Not Applicable	믝	
22	27			5. Certificate of Status Desired Fee Required	ł	
City & State	City & State			Election Campaign Financing \$5.00 May Be	\dashv	
23	28			Trust Fund Contribution Added to Fees	ı	
Zip Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Inlangible	٦	
24 25	29	30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
Grower, Mason H III			81 Na	Name		
111 N. ORANGE AVE.		ľ	82 Str	Street Address (P.O. Box Number is Not Acceptable)	٦	
SUITE 1700		ļ	00		ᅴ	
ORLANDO FL 32801		1	83			
			84 Cit	City FL 85 Zip Code	٦	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	ove-nar	named corporation submits this statement for the purpose of changing its registered	7	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	f Florida. Such change was	authorized	by the	the corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE		ré e		t signature required when reinslating) DATE	.	
Signature typed or printed name of registered agent 12. OFFICERS AND		13.	Agent eigi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ⅎ	
TITLE P	DELETE	1.1 TiT	 LE	Change Addition	n	
NAME FADEM, JEROLD J SR		1.2 NA	ME			
STREET ADDRESS 1315 S ORANGE AVE S1-B		1.3 ST	REET ADDRI	DORESS	-	
CITY-ST-ZIP ORLANDO FL		1.4 CIT	Y - ST - ZIP	ZIP	-	
TITLE	DELETE	2.1 TH		Change Addition	n	
NAME EVANS, RORY A		2.2 NA	ME			
STREET ADDRESS 200 W GORE ST		2.3 STI	REET ADORI	DORESS	-	
CITY-ST-ZIP ORLANDO FL		2.401	Y-ST-7(P	- ZIP		
TITLE VP	☐ DELETE	3.1 111	LE	Change Addition	n	
NAME PARTAIN, JONATHON		3.2 NA	ME			
STREET ADDRESS 80 W LUCERNE CIR		3.3 ST	REET ADDRI	DDRESS	ļ	
CITY-ST-ZIP ORLANDO FL		3.4. CI	Y - ST - ZIP		_	
TITLE \$	DELETE	4.1 TiT	LE	Change Addition	n	
NAME PARKER, JACK		4. 2 NA	ME			
STREET ADDRESS 16 W COLUMBIA S-1B		4.3 STF	REET ADDRE	DORESS		
CITY-ST-ZIP ORLANDO FL	ne. Fr		Y-ST-ZIP		4	
TITLE D	DELETE	5.1 TIT		Change Addition	"	
NAME SANBORN, ALDEN E		5.2 NA				
STREET ADDRESS 100 W GORE S605			REET ADDRI			
CITY-ST-ZIP ORLANDO FL	DELETE		Y-SI-ZIP	ZIP Change Addition	귀	
TITLE D	DELETE	6.1 TH		Li Criange Li Adolito	"	
NAME STINE, SANDRA		6.2 NA		200720		
STREET ADDRESS 1315 S ORANGE AVE S3A			REET ADOR			
CITY-ST-ZIP ORLANDO FL	10 to		Y-ST-ZIP	 ZIP	\dashv	

indicated on this annual report or supplies with his hing does not quality for the exemptor stated in declared in declared in the corporation or the receiver or trusted 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 or an attaching it with an address.