

05-24-2001 90502 012 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93D00078809**  
 1. Entity Name  
 Vitacare, Inc.

Principal Place of Business  
 845 N. Garland Ave.  
 Orlando, FL 32801

Mailing Address  
 P.O. Box 531163  
 1315 S. Orange Ave.  
 Orlando, FL 32853

A0071789

2. Principal Place of Business  
 7649 Commerce Center Dr.  
 Suite, Apt. #, etc.

3. Mailing Address  
 7649 Commerce Center Dr.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Orlando, FL

City & State  
 Orlando, FL

Zip  
 32819

Country  
 USA

4. FEI Number  
 59-3229920

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Grower, Mason H. III  
 111 N. Orange Ave., Ste. 1700  
 Orlando, FL 32801

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when withdrawing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fadem, Jerald J. Sr. 7649 Commerce Center Dr. Orlando, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *[Signature]* 5/15/01 407-352-9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR) DATE PHONE NO.

CR2E034 (1/1/00)