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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90080 026 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016633

1. Corporation Name
VITAL CARE PHARMACY & INFUSION SOLUTIONS, INC.

Principal Place of Business
**2202 S.E. 29TH STREET
OCALA FL 34471**

Mailing Address
**2202 S.E. 29TH STREET
OCALA FL 34471**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

59-3431066

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

301 NE Marion Street

Madison, FL

323 40

United States

9. Name and Address of Current Registered Agent

**DEVITO, ROBERT
2202 S.E. 29TH STREET
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name **Wilburn T. Davis III**

82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 1 Box 77-A

83

84 City **Greenville**

FL

85 Zip Code

32331

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P DAVIS, WILBURN T. J**
STREET ADDRESS **ROUTE 1, BOX 77**
CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **Robert Devito**
1.3 STREET ADDRESS **2202 SE 29th Street**
1.4 CITY-ST-ZIP **Ocala, FL 34471**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Gertrude Devito**
2.3 STREET ADDRESS **2202 SE 29th Street**
2.4 CITY-ST-ZIP **Ocala, FL 34471**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition
3.2 NAME **Angela Culpepper**
3.3 STREET ADDRESS **Rt. 5 Box 6180**
3.4 CITY-ST-ZIP **Madison, FL 32340**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)