

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90440 002 ***150.00

DOCUMENT # P97000055890

1. Entity Name
VITALCARE GROUP, INC.



Principal Place of Business
15800 N.W. 13TH AVENUE 8935 NW 27 ST
MIAMI FL 33196 33172

Mailing Address
15800 N.W. 13TH AVENUE 8935 NW 27 ST
MIAMI FL 33196 33172

2. Principal Place of Business
8935 NW 27 ST

3. Mailing Address
8935 NW 27 ST

Suite, Apt., etc.

City & State
MIAMI

Zip
FL 33172

Country
USA

6. Name and Address of Current Registered Agent

GLANTZ, RONALD P ESQ.
7951 SW 6TH ST., STE. 200
PLANTATION FL 33324

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0763566

Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ADULHAJ, RAMZI 15800 N.W. 13TH AVENUE MIAMI FL 33196 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF PERCELA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2003 **305 6204007**
Date Daytime Phone #

CR2E034 (10/02)