

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000100756 (0)

1. Corporation Name

VITAL CARE PRODUCTS, INC.

Principal Place of Business

1739 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

Mailing Address

1739 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

65-0814459

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CHICCONE, MICHAEL DR.  
1739 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHICCONE, MICHAEL	
STREET ADDRESS	1739 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CLASEN, PETER	
STREET ADDRESS	1739 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MEYER, DORTE	
STREET ADDRESS	1739 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOELLER, HEINZ	
STREET ADDRESS	1739 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEIER, PHILIP	
STREET ADDRESS	1739 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: Dr. Michael D. Chiccone

3/12/98

954-472-2189

CR2E034 (10/97)