

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000022647

1. Entity Name
VITALFLOR, INCORPORATED



Principal Place of Business
**16135 NW 243RD WAY
HIGH SPRINGS, FL 32643 US**

Mailing Address
**16135 NW 243RD WAY
HIGH SPRINGS, FL 32643 US**



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3508103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSZEL, DAN
5400 NW 39TH AVE
#7
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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]* *[Signature]* **7-11-06**
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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
LORINCZ, ANDREW E M.D.
16135 NW 243RD WAY
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LORINCZ, DIANE D
16135 NW 243RD WAY
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSZEL, DANIEL
5400 NW 39TH AVE., #7
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SUTTON, ROBERT E MD
1561 LANGHORN TERRACE
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAURINO, JOSEPH PHD
429 MONTE CRISTO BLVD
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSZEL, SUE H
260 TURKEY CREEK
ALACHUA, FL 32615**

000000570063
07/13/06-80017-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06
Date

352-283-4475
Daytime Phone #