


2008 FOR PROFIT CORPORATION REINSTATEMENT

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 DEC -2 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL 32301



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSZEL, DAN 5400 NW 39TH AVE #7 GAINESVILLE, FL 32606 16135 NW 243rd Way High Springs, FL 32643		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: DANIEL C. ROSZEL Daniel C Roszel 12/1/08
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 January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LORINCZ, ANDREW E M.D. 16135 NW 243RD WAY HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138372749 12/02/08--01024--011 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORINCZ, DIANE D 16135 NW 243RD WAY HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSZEL, DANIEL 5400 NW 39TH AVE., #7 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S ROSZEL, DANIEL 16135 NW 243rd Way High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTTON, ROBERT E MD 1561 LANGHORN TERRACE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURINO, JOSEPH PHD 429 MONTE CRISTO BLVD TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSZEL, SUE H 260 TURKEY CREEK ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/3

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: Daniel C Roszel DANIEL C. ROSZEL 12/1/08 352-283-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #