

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022647

FILED
Mar 24, 2009
Secretary of State

Entity Name: VITALFLOR, INCORPORATED

Current Principal Place of Business:

16135 NW 243RD WAY
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

16135 NW 243RD WAY
HIGH SPRINGS, FL 32643 US

New Mailing Address:

FEI Number: 59-3508103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSZEL, DAN
16135 NW 243RD WAY
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LORINCZ, ANDREW E M.D.
Address: 16135 NW 243RD WAY
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: VP () Delete
Name: LORINCZ, DIANE D
Address: 16135 NW 243RD WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S () Delete
Name: ROSZEL, DANIEL
Address: 16135 NW 243RD WAY
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: T () Delete
Name: SUTTON, ROBERT E MD
Address: 1561 LANGHORN TERRACE
City-St-Zip: HEATHROW, FL 32746

Title: P () Delete
Name: LAURINO, JOSEPH PHD
Address: 429 MONTE CRISTO BLVD
City-St-Zip: TIERRA VERDE, FL 33715

Title: D () Delete
Name: ROSZEL, SUE H
Address: 260 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. ROSZEL

SEC

03/24/2009

Electronic Signature of Signing Officer or Director

Date