

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050287

FILED
Apr 22, 2004
Secretary of State

Entity Name: VITAL CARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2711 "A: KILLARNEY WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

2711-A KILLARNEY WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

2711 "A: KILLARNEY WAY
TALLAHASSEE, FL 32309

New Mailing Address:

2711-A KILLARNEY WAY
TALLAHASSEE, FL 32309

FEI Number: 59-3516879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
10 NORTH COLUMBIA ST
LAKE CITY, FL 32055 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: P () Delete
Name: DAVIS, WILBURN T III
Address: RT. 1 BOX 77-A
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, WILBURN T III
Address: 3544 SW OVER STREET
City-St-Zip: GREENVILLE, FL 32331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILBURN T DAVIS III

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date