

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050287

FILED
Apr 30, 2009
Secretary of State

Entity Name: VITAL CARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1891-10 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 1029
MADISON, FL 32340

New Mailing Address:

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: 3544 SW OVER STREET
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: DAVIS, WILBURN T JR.
Address: 3544 SW OVER STREET
City-St-Zip: GREENVILLE, FL 32331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, WILBURN T III
Address: 2130 LAROCHELLE DR
City-St-Zip: TALLAHASSEE, FL 32308

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: WILBURN T. DAVIS !!!

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date