

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000050287

**FILED**  
**Apr 29, 2011**  
**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:**

2565 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILBURN T DAVIS III

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date