2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P98000050287

Entity Name: VITAL CARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2565 CAPITAL MEDICAL BLVD
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

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 PRES 04/27/2012
Electronic Signature of Signing Officer or Director Date