

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000073388

Entity Name

VITACARE OF DUVAL COUNTY, INC.

FILED

01 FEB 23 PM 12:47

Principal Place of Business
19 COMMERCE CENTER DR.
LANDO FL 32819

Mailing Address
7649 COMMERCE CENTER DR.
ORLANDO FL 32819-8923



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number Applied For		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROWER, MASON H III
390 N. ORANGE AVE., SUITE 1900
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

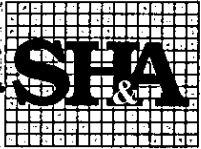
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FADEM, JEROLD J SR. 7649 COMMERCE CENTER DR. ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. J. Fadem M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012



STERLING HENNING & ASSOCIATES

Certified Public Accountants, P.A.

February 8, 2001

Stacy Prather
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter #701A00000914
Letter #801A00000609

Dear Ms. Prather:

Enclosed please find the corporate annual reports for Vitamed Solutions, Inc. and Vitacare of Duval County, Inc. Both reports have been corrected as to their Federal Identification numbers. Neither corporation has a FEI number yet although they have been applied for.

We are sorry for any confusion or inconvenience this has caused your office. Our client did not receive previous notification of their status as dissolved or the corrections that were required to be made. Both corporations have submitted the \$150 fee. We request that the additional fee of \$750 for both corporations be waived.

Thank you in advance for your consideration in this matter. If you should have any questions, please feel free to call.

Sincerely,


Nina H. Margio, C.P.A.

Encl