

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14788**

(1)

1. Corporation Name

BRASHEAR'S VITAL CARE CORP.

Principal Place of Business

**305A S LINE AVE
INVERNESS FL 34452
US**

Mailing Address

**9440 EAST BAYMEADOWS DR.
INVERNESS FL 34450-3271**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1990	3a. Date of Last Report 04/18/1994
4. FFI Number 59-3039757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt #, etc.	26. State, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BRASHEAR, ROBERT C.
9440 EAST BAYMEADOWS DRIVE
INVERNESS FL 32650-6271**

10. Name and Address of New Registered Agent

01. Name	05. Zip Code
02. Street Address (P.O. Box Number is Not Acceptable)	
03. City	
04. State	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or New Agent, if applicable)

(Signature of Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6. NAME	
CITY, ST, ZIP		7. STREET ADDRESS	
		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	10. NAME	
CITY, ST, ZIP		11. STREET ADDRESS	
		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
		16. CITY, ST, ZIP	
TITLE	NAME	17. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	18. NAME	
CITY, ST, ZIP		19. STREET ADDRESS	
		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 manager or officer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Robert C. Brashear

ROBERT C. BRASHEAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/95

Date

Signature of Agent