

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14788

FILED
Apr 21, 2011
Secretary of State

Entity Name: BRASHEAR'S VITAL CARE CORP.

Current Principal Place of Business:

206 W DAMPIER ST
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

206 W DAMPIER ST
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-3039757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE COHEN, P.A.
111 W. MAIN STREET, SUITE 203
INVERNESS, FL 34450 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: BRASHEAR, ROBERT C.
Address: 206 W DAMPLER ST
City-St-Zip: INVERNESS, FL 34450

Title: VP
Name: WRIGHT, JON
Address: 9458 S CLEARSPRINGS DR
City-St-Zip: FLORAL CITY, FL 34436

Title: T
Name: BRASHEAR, ELIS
Address: 517 POINSETTIA AVE
City-St-Zip: INVERNESS, FL 34450

Title: D
Name: BRASHEAR, JESSE
Address: 517 POINSETTA AVE
City-St-Zip: INVERNESS, FL 34450

Title: S
Name: BRASHEAR, JUSTIN S
Address: 2509 W. RILEY DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434

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: JUSTIN BRASHEAR

S

04/21/2011

Electronic Signature of Signing Officer or Director

Date