

2001 UNIFORM BUSINESS REPORT (UBR)

0402751

DOCUMENT # **V60573**

1. Entity Name
VITALCARE HEALTH SERVICES, INC.

FILED

01 MAY 18 PM 4:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

LS

Principal Place of Business
**4506 LB MCLEOD RD
SUITE F
ORLANDO FL 32811
US**

Mailing Address
**P O BOX 53-6576
ORLANDO FL 32853-6576**

2. Previous Place of Business
2600 Technology Dr.

3. Mailing Address
P.O. Box 53-6576

City, etc.
Suite 300

Suite, Apt. #, etc.

City, State, Zip
Orlando, FL

City, State, Zip
Orlando, FL

32804 USA 32853-6576 USA

4. FEI Number **59-3143938**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent's 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIGGS, STEPHEN P 4506 LB MCLEOD RD STE F ORLANDO FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIOMEK, JANET L 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVELL, N. SCOTT 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARC 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL 910 RIDGEBROOK ROAD SPARKS GLENCOE MD 21152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen D. Linehan 2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Technology Dr., Suite 300 Orlando, FL 32804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

4/20/2001

(407) 822-4600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 155825 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 550.00

ORDER DATE : May 18, 2001

ORDER TIME : 2:20 PM

ORDER NO. : 155825-055

CUSTOMER NO. : 7120726

CUSTOMER: Ms. Dawn Dreghorn
Botech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

RECEIVED
DEPARTMENT OF
DIVISION OF
2001 MAY 18 3 38 PM
TO ACKNOWLEDGE
SUFFICIENT FILING

ANNUAL REPORT FILING

NAME: VITALCARE HEALTH SERVICES, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____