

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S14788

**Entity Name:** BRASHEAR'S VITAL CARE CORP.

**Current Principal Place of Business:**

206 W DAMPIER ST  
INVERNESS, FL 34450

**Current Mailing Address:**

206 W DAMPIER ST  
INVERNESS, FL 34450 US

**FEI Number:** 59-3039757

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRASHEAR, JUSTIN  
471 N DACIE PT  
LECANTO, FL 34461 US

*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:** JUSTIN BRASHEAR

01/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRASHEAR, ROBERT C.  
Address 206 W DAMPIER ST  
City-State-Zip: INVERNESS FL 34450

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

Title T  
Name BRASHEAR, ELIS  
Address 206 W DAMPIER ST  
City-State-Zip: INVERNESS FL 34450

Title D  
Name BRASHEAR, JESSE  
Address 206 W DAMPIER ST  
City-State-Zip: INVERNESS FL 34450

Title S  
Name BRASHEAR, JUSTIN S  
Address 471 N DACIE PT  
City-State-Zip: LECANTO FL 34461

*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

**AGENT**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date