

**2016 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

01/23/2016

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

Title	DIRECTOR
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**DIRECTOR**

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date