

No. C 185593		Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. VITALCARE HEALTH SERVICES, INC. R. KIMBARK LEE 2600 TECHNOLOGY DRIVE SUITE 300 ORLANDO FL 32804-8024 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA			
						3. New Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	STEVEN P. ALSENE	2600 TECHNOLOGY DRIVE SUITE 300	ORLANDO	FL	USA	32804-8024	
DIRECTOR	R. KIMBARK LEE	2600 TECHNOLOGY DRIVE SUITE 300	ORLANDO	FL	USA	32804-8024	
TREASURER	DAVID J. MEADOR	2600 TECHNOLOGY DRIVE SUITE 300	ORLANDO	FL	USA	32804-8024	
PRESIDENT	STEVEN P. ALSENE	2600 TECHNOLOGY DRIVE SUITE 300	ORLANDO	FL	USA	32804-8024	
SECRETARY	R. KIMBARK LEE	2600 TECHNOLOGY DRIVE SUITE 300	ORLANDO	FL	USA	32804-8024	
5. Organized Under the Laws of: FL C 185593		6. Annual Report must be signed.* Signature: R. Kimbark Lee Name (type or print): R. Kimbark Lee					
		Date: 10/21/2013 Title: Secretary					
Processed 10/21/2013		* Electronically provided signatures are accepted as original signatures.					