

No. C 185593		Due no later than Dec 31, 2015 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. VERONICA MADDOX 3600 VINELAND ROAD SUITE 114 ORLANDO FL 32811		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> 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	TIMOTHY C. PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
DIRECTOR	STEVEN B. BURRES	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
PRESIDENT	TIMOTHY C. PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
TREASURER	TIMOTHY C. PIGG	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
SECRETARY	STEVEN B. BURRES	3600 VINELAND ROAD SUITE 114	ORLANDO	FL	USA	32811	
5. Organized Under the Laws of: FL C 185593		6. Annual Report must be signed.* Signature: STEVEN B. BURRES Name (type or print): STEVEN B. BURRES Date: 11/02/2015 Title: SECRETARY					
Processed 11/02/2015		* Electronically provided signatures are accepted as original signatures.					