

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212533187
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1.) CORPORATION NAME: VAXCARE CORPORATION	DUE DATE: 8/31/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORPORATING SERVICES LTD 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111	SCC ID NO: F1834300						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>100,000</td> </tr> <tr> <td>COMNV</td> <td>100,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	100,000	COMNV	100,000
CLASS	AUTHORIZED						
COMV	100,000						
COMNV	100,000						
4.) STATE OR COUNTRY OF INCORPORATION: FL							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 GATLIN AVE.

CITY/ST/ZIP: ORLANDO, FL 32806

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CASEY DELOACH TITLE: PRESIDENT ADDRESS: 400 GATLIN AVE. CITY/ST/ZIP/CO: ORLANDO, FL 32806		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN CRABTREE TITLE: VP/TREAS/DIR ADDRESS: 400 GATLIN AVE. CITY/ST/ZIP/CO: ORLANDO, FL 32806		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CASEY DELOACH	CASEY DELOACH, PRESIDENT	8/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.