

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040068

Entity Name: VCH MANAGEMENT, INC.

FILED  
Feb 16, 2012  
Secretary of State

**Current Principal Place of Business:**

3013 NW COUNTY ROAD 661-A  
ARCADIA, FL 34266

**New Principal Place of Business:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

**Current Mailing Address:**

3013 NW COUNTY ROAD 661-A  
ARCADIA, FL 34266

**New Mailing Address:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

FEI Number: 27-0173387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOWMAN, WILLIAM R JR.  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLLINGSWORTH, VERNON C III  
Address: 5389 NW LILY AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: P  
Name: HOLLINGSWORTH, VERNON C III  
Address: 5389 NW LILY AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: T  
Name: HOOPINGARNER, LOU  
Address: 5389 NW LILY AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: SEC  
Name: MILLS, NANCY L  
Address: 5389 NW LILY AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: VP  
Name: THORNTON, MYRA B  
Address: 5389 NW LILY AVENUE  
City-St-Zip: ARCADIA, FL 34266

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: MARY LOU HOOPINGARNER

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02/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date