

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018044

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** VANGUARD MEDICAL ASSOCIATES OF SOUTH FLORIDA PA

**Current Principal Place of Business:**

5079 SW 89TH AVE  
COOPER CITY, FL 333283636 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292083  
DAVIE, FL 333292083 US

**New Mailing Address:**

**FEI Number:** 27-1998237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHILLINGER, LEE H  
4601 SHERIDAN ST  
SUITE 202  
HOLLYWOOD, FL 33021 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: P  
Name: KAPROW, MARC G DO  
Address: PO BOX 292083  
City-St-Zip: DAVIE, FL 33329 US

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: MARC G KAPROW

P

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date