

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000069867

Entity Name: VAZGLO MEDICAL CORP.

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

**Current Principal Place of Business:**

941 N. KROME AVE.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

941 N. KROME AVE.  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 65-0531913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLOSSER, RICHARD S  
13044 SW 107TH CT  
MIAMI, FL 33176 US

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

GLOSSER, RICHARD S  
941 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

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: RICHARD S GLOSSER

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: VAZQUEZ, NIVIA  
Address: 20043 S.W. 103 AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: TREA  
Name: GLOSSER, RICHARD S  
Address: 13044 S.W. 107 CT.  
City-St-Zip: MIAMI, FL 33176

Title: SEC  
Name: GLOSSER, RICHARD S  
Address: 13044 SW 107TH CT.  
City-St-Zip: MIAMI, FL 33176

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: RICHARD S GLOSSER MD

SEC

04/14/2011

Electronic Signature of Signing Officer or Director

Date