

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040068

**Entity Name:** VCH MANAGEMENT, INC.

**Current Principal Place of Business:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

**Current Mailing Address:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

**FEI Number:** 27-0173387

**Certificate of Status Desired:** No

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

LOWMAN, WILLIAM RJR.  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HOLLINGSWORTH, VERNON CIII  
Address        5389 NW LILY AVENUE  
City-State-Zip:    ARCADIA FL 34266

Title            TREASURER, DIRECTOR  
Name            HOOPINGARNER, LOU  
Address        5389 NW LILY AVENUE  
City-State-Zip:    ARCADIA FL 34266

Title            SECRETARY, DIRECTOR  
Name            MILLS, NANCY L  
Address        5389 NW LILY AVENUE  
City-State-Zip:    ARCADIA FL 34266

Title            VP, DIRECTOR  
Name            THORNTON, MYRA B  
Address        5389 NW LILY AVENUE  
City-State-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:** LOU HOOPINGARNER

**TREASURER**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date