## 2013 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

FILED Mar 13, 2013

**Secretary of State** 

CC7168941725

Officer/Director Detail:

Title D Title P

Name HOLLINGSWORTH, VERNON CIII Name HOLLINGSWORTH, VERNON CIII

Address 5389 NW LILY AVENUE Address 5389 NW LILY AVENUE
City-State-Zip: ARCADIA FL 34266 City-State-Zip: ARCADIA FL 34266

Title T Title SEC

Name HOOPINGARNER, LOU Name MILLS, NANCY L

Address 5389 NW LILY AVENUE Address 5389 NW LILY AVENUE
City-State-Zip: ARCADIA FL 34266 City-State-Zip: ARCADIA FL 34266

Title VP

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

Electronic Signature of Signing Officer/Director Detail

TREASURER

03/13/2013