

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000050395

Entity Name: VSGJ HEALTHCARE I, INC.

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

240 EAGLE ESTATES DR.  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

240 EAGLE ESTATES DR.  
DEBARY, FL 32713

**New Mailing Address:**

PO BOX 530787  
DEBARY, FL 32753

FEI Number: 59-3705894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/P  
Name: SWAIN, W. STEWART  
Address: PO BOX 1907  
City-St-Zip: KERNERSVILLE, NC 27285

Title: DVP  
Name: HERZOG, L P  
Address: PO BOX 530787  
City-St-Zip: DEBARY, FL 32753

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: L. P. HERZOG

DVP

03/04/2011

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

\_\_\_\_\_  
Date