


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


112

DOCUMENT # P05000052004		
1. Entity Name VIP MEDICAL SOLUTIONS, INC.		

Principal Place of Business 500 VONDERBURG DR SUITE 111 BRANDON, FL 33511	Mailing Address 500 VONDERBURG DR SUITE 111 BRANDON, FL 33511
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
06 AUG 29 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2694226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, DARRYL W 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELT, PAUL M 500 VONDERBURG DR SUITE 111 BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/27/06 90189 006 - \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWRANCE, JAMIE 500 VONDERBURG DR SUITE 111 BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8/29/06
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie Lowrance 813-654-5400

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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*VIP Medical Solutions, Inc.  
500 Vonderburg Dr.  
Suite 111  
Brandon, FL 33511  
813-654-5400 Fax 813-436-2882*

August 25, 2006


Department of Corporations  
Attn: Michelle Milligan  
PO Box 6327  
Tallahassee, FL 32314

Dear Michelle,

This letter is in follow up to our conversation today. As you may recall, I contacted you about a change in our Annual Report Filing that was not showing up on Sunbiz.org. At that time, you notified me that our Report was sent back in May due to missing information. I did not receive that and are now forwarding you a corrected Annual Report. Please waive the penalty that has been issued since I did not receive the notice that a mistake was made and filed the original on time along with payment.

Thank you in advance for help on this matter.

Sincerely,



**James M. Lowrance**  
Vice President  
VIP Medical Solutions, Inc.  
813-654-5400