

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013366

FILED  
Jan 26, 2010  
Secretary of State

Entity Name: V&C MEDICAL CONSULTING INC

**Current Principal Place of Business:**

4513 CLARKWOOD CT  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

2108 W CRAWFORD ST  
TAMPA, FL 33604

**Current Mailing Address:**

4513 CLARKWOOD CT  
LAND O LAKES, FL 34639

**New Mailing Address:**

2108 W CRAWFORD ST  
TAMPA, FL 33604

FEI Number: 80-0355847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHACON, VANESSA  
4513 CLARKWOOD CT  
LAND O LAKES, FL 34639 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHACON, VANESSA  
Address: 4513 CLARKWOOD CT  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP  
Name: PANTOJA, LEONEL R  
Address: 2108 W CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

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: VANESSA CHACON

P

01/26/2010

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

\_\_\_\_\_ Date