

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013366

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** V&C MEDICAL CONSULTING INC

**Current Principal Place of Business:**

2108 W CRAWFORD ST  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

2108 W CRAWFORD ST  
TAMPA, FL 33604

**New Mailing Address:**

**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:**

CHACON, VANESSA  
2108 W CRAWFORD ST  
TAMPA, FL 33604 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

04/21/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHACON, VANESSA  
Address: 2108 W CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

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

04/21/2011

Electronic Signature of Signing Officer or Director

Date