

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90178 001 ***150.00

DOCUMENT # P96000075141

1. Corporation Name

VANGUARD HEALTH CENTER, INC.



Principal Place of Business

~~818 N. WOODLAND BLVD.~~
DELAND FL 32720

929 N. Spring Garden Ave.
Suite #100

Mailing Address

~~818 N. WOODLAND BLVD.~~
DELAND FL 32720

929 N. Spring Garden Ave.
Suite #100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

59-3403806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

929 N. Spring Garden Ave.

2a. Mailing Address

929 N. Spring Garden Ave.

Suite, Apt. #, etc.

Suite #100

City & State

DeLand, Florida

Zip

Country

32720-2560

25

Suite, Apt. #, etc.

Suite #100

City & State

DeLand, Florida

Zip

Country

32720-2560

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYMAN, STEPHEN W

~~818 N. WOODLAND BLVD.~~ 929 N. Spring Garden Ave.
DELAND FL 32720 #100

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HAYMAN, STEPHEN W

STREET ADDRESS ~~229 N SPRING GARDEN AVE, STE 100~~

CITY-ST-ZIP DELAND FL 32720

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition
D
HAYMAN, Stephen W.
929 N. Spring Garden Ave Ste 100
DELAND, FL 32720

TITLE D ☐ DELETE

NAME TIMKO, J R

STREET ADDRESS ~~229 N SPRING GARDEN AVE, STE. 100~~

CITY-ST-ZIP DELAND FL 32720

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition
D
TIMKO, J RANDALL
929 N. Spring Garden Ave Ste #100
DELAND, FL 32720

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)