

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42544

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** VASCOR MEDICAL CORPORATION

**Current Principal Place of Business:**

4634 TARAY LANE  
HOLIDAY, FL 34690 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 148  
TARPON SPRINGS, FL 346880148 US

**New Mailing Address:**

**FEI Number:** 59-3067361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACCIA, AUDREY M PRES  
4488 GRAND PRESERVE PLACE  
PALM HARBOR, FL 34684 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: P  
Name: MACCIA, AUDREY  
Address: 4488 GRAND PRESERVE PLACE  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP  
Name: MACCIA, VINCENT  
Address: 4488 GRAND PRESERVE PLACE  
City-St-Zip: PALM HARBOR, FL 34684

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: AUDREY MACCIA

P

03/07/2011

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

\_\_\_\_\_  
Date