

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # S61446 (8)

1. Corporation Name
VANGUARD MEDICAL CONCEPTS, INC.



Principal Place of Business: 5307 GREAT OAK DR. LAKELAND FL 33801 US
Mailing Address: PO BOX 3247 PLANT CITY FL 33564-3247 US

3. Date Incorporated or Qualified: 06/19/1991
3a. Date of Last Report: 02/28/1995
4. FLI Number: 65-0281923
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: MASEK, CHARLES A JR, 3108 BRUTON ROAD, PLANT CITY FL 33565
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MASEK, CHARLES A JR <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEK, CHARLES A JR	1.2 NAME	BILL FRISBEY
STREET ADDRESS	3108 BRUTON ROAD	1.3 STREET ADDRESS	2902 PARK COURT
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	JANFORD FL 32773
TITLE	D MASEK, MARJORIE D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEK, MARJORIE D	2.2 NAME	KEN WILES
STREET ADDRESS	3108 BRUTON ROAD	2.3 STREET ADDRESS	3618 E. MIDWAY
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	PLANT CITY FL 33565
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TERRY SHAW
STREET ADDRESS		3.3 STREET ADDRESS	601 E. ROLLING STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SCOTT MILLER
STREET ADDRESS		4.3 STREET ADDRESS	601 E. ROLLING STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	\$ dep by bank \$200

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 11/19/96 (941) 653-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/PHONE #

CR2E034 (12/95)