

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

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S61446 (8)**

1. Corporation Name  
**VANGUARD MEDICAL CONCEPTS, INC.**



Principal Place of Business  
**5307 GREAT OAK DR.  
 LAKELAND FL 33801  
 US**

Mailing Address  
**P.O. BOX 2337  
 PLANT CITY FL 33564-2337  
 US**

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

3. Date Incorporated or Qualified <b>06/19/1991</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>65-0281923</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **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 **CHARLES A MASEK JR** *[Signature]* DATE **1-13-97**

(NOTE: Registered Agent signature required on reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASEK, CHARLES A JR</b>	
STREET ADDRESS	<b>3108 BRUTON ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRISBEY, BILL</b>	
STREET ADDRESS	<b>2902 PARK COURT</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILES, KEN</b>	
STREET ADDRESS	<b>3618 E. MIDWAY</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, TERRY</b>	
STREET ADDRESS	<b>601 E. ROLLINS STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, SCOTT</b>	
STREET ADDRESS	<b>601 E. ROLLINS STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>DORROS, GERALD DR</b>	<input type="checkbox"/> DELETE
NAME	<b>DORROS, GERALD DR</b>	
STREET ADDRESS	<b>2901 KINNICKINNIC RIVER PKWY</b>	
CITY-ST-ZIP	<b>MILWAUKEE WIS 53215</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BROWNE, KEVIN DR</b>	
1.3 STREET ADDRESS	<b>1030 LAKE HOLLINGSWORTH DR</b>	
1.4 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
2.1 TITLE	<b>DR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BRENNER, ALAN DR</b>	
2.3 STREET ADDRESS	<b>2103 REANEY RD.</b>	
2.4 CITY-ST-ZIP	<b>LAKELAND, FL 33</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DORROS, GERALD DR</b>	
3.3 STREET ADDRESS	<b>2901 KINNICKINNIC RIVER PKWY</b>	
3.4 CITY-ST-ZIP	<b>MILWAUKEE WI 53215</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

*[Signature]* **1-13-97**

CR2E034 (9/96)