

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S61446 (8)**

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



Principal Place of Business <b>5307 GREAT OAK DR.                  LAKELAND FL 33801                  US</b>	Mailing Address <b>P.O. BOX 2337                  PLANT CITY FL 33564-2337                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Country
<b>24</b>	<b>25</b>
<b>26</b>	<b>29</b>
<b>27</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>06/19/1991</b>	Applied For <input type="checkbox"/> Not Applicable
<b>4.</b> FEI Number <b>65-0281923</b>	<b>\$8.75 Additional Fee Required</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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 type="checkbox"/> DELETE
NAME	<b>BROWNE, KEVIN D</b>
STREET ADDRESS	<b>1030 LAKE HOLLINGSWORTH DR</b>
CITY-ST-ZIP	<b>LAKELAND FL</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>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRENNER, ALAN D</b>
STREET ADDRESS	<b>2901 KINNICKINNIC RIVER PKWY</b>
CITY-ST-ZIP	<b>MILWAUKEE WI</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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: \_\_\_\_\_ **4-9-98 94168-1250**

CP2E034 (10/97)