

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90006 001 \*\*\*300.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **S61446**

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



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

3. Date Incorporated or Qualified  
**06/19/1991**

4. FEI 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 owes the current year Intangible Personal Property Tax.  Yes  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

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. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEK, CHARLES A JR	1.2 NAME	Soler, Eddie
STREET ADDRESS	3108 BRUTON ROAD	1.3 STREET ADDRESS	601 E. Rollins Street
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRISBEY, BILL	2.2 NAME	Galloway, David
STREET ADDRESS	2902 PARK COURT	2.3 STREET ADDRESS	506 N. Alexander Pk Box 848
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	Plant City, FL 33564
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, KEVIN D	3.2 NAME	
STREET ADDRESS	1030 LAKE HOLLINGSWORTH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, TERRY	4.2 NAME	
STREET ADDRESS	601 E. ROLLINS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SCOTT	5.2 NAME	
STREET ADDRESS	601 E. ROLLINS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, ALAN D	6.2 NAME	
STREET ADDRESS	2901 KINNICKINNIC RIVER PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	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, with all other like empowered.

SIGNATURE: Charles A. Masek Jr 4/19/99 941 683 8260  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Time Phone #

CR2E034 (11/98)