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Apr 25, 1999 8:00 am
Secretary of State

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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		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0281923	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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		OF OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent Signature required when reinstating)		DATE	
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 Po 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* **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)