

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61446

1. Entity Name
VANGUARD MEDICAL CONCEPTS, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90402 010 ***550.00

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

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0281923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASEK, CHARLES A JR
3108 BRUTON ROAD
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MASEK, CHARLES A JR		NAME John Reid	
STREET ADDRESS 3108 BRUTON ROAD		STREET ADDRESS 195 Bunker Hill	
CITY-ST-ZIP PLANT CITY FL		CITY-ST-ZIP Stratham, MA 03885	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLER, EDDIE		NAME BRENNER, ALAN-D	
STREET ADDRESS 601 E ROLLINS ST		STREET ADDRESS 2103 REANY RD	
CITY-ST-ZIP ORLANDO FL 32803		CITY-ST-ZIP LAKELAND, FL 33803	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWNE, KEVIN D		NAME	
STREET ADDRESS 1030 LAKE HOLLINGSWORTH DR		STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, TERRY		NAME	
STREET ADDRESS 601 E. ROLLINS STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLOWAY, DAVID		NAME	
STREET ADDRESS 506 N ALEXANDER PO BOX 848		STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL 33564		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENNER, ALAN D		NAME	
STREET ADDRESS 2901 KINNICKINNIC RIVER PKWY		STREET ADDRESS	
CITY-ST-ZIP MILWAUKEE WI		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **6/23/2000** **863-683-8680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)