

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

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| Principal Place of Business 5307 GREAT OAK DR. LAKELAND FL 33801 US | Mailing Address P.O. BOX 2337 PLANT CITY FL 33564-2337 US |
|--|--|



DO NOT WRITE IN THIS SPACE

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

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)