

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90230 020 ***150.00

DOCUMENT # S61446

1. Entity Name

VANGUARD MEDICAL CONCEPTS, INC.

Principal Place of Business

5307 GREAT OAK DR.
LAKELAND FL 33801
US

Mailing Address

P.O. BOX 2337
PLANT CITY FL 33564-2337
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0281923

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete
NAME MASEK, CHARLES A JR
STREET ADDRESS 3108 BRUTON ROAD
CITY-ST-ZIP PLANT CITY FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME TERRY OWEN
STREET ADDRESS 601 E. ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D ☐ Delete
NAME BRENNER, ALAN
STREET ADDRESS 2103 REANY RD
CITY-ST-ZIP LAKELAND FL 33803

TITLE DIRECTOR ☐ Change ☒ Addition
NAME BRIAN PARIDAS
STREET ADDRESS 601 E. ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D ☐ Delete
NAME BROWNE, KEVIN D
STREET ADDRESS 1030 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SHAW, TERRY
STREET ADDRESS 601 E. ROLLINS STREET
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GALLOWAY, DAVID
STREET ADDRESS 506 N ALEXANDER PO BOX 848
CITY-ST-ZIP PLANT CITY FL 33564

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REID, JOHN
STREET ADDRESS 195 BUNKER HILL
CITY-ST-ZIP STRATHAM NH 03885

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)