

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90037 030 ***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

4. FEI Number

65-0281923

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **JOE DAMICO**
 STREET ADDRESS **272 E. DEERPATH RD., STE 350**
 CITY-ST-ZIP **LAKE FOREST, FL 60045**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JACK MCGINLEY**
 STREET ADDRESS **272 E. DEERPATH RD., STE 350**
 CITY-ST-ZIP **LAKE FOREST, FL 60045**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **TIM STACK**
 STREET ADDRESS **151 S. ROSE ST., STE 600**
 CITY-ST-ZIP **KALAMAZOO, MI 49007**

TITLE **D** ☐ Delete
 NAME **OWENS, TERRY**
 STREET ADDRESS **601 E ALTAMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOSEPH CARL, JR.**
 STREET ADDRESS **3500 THREE FIRST NATIONAL PLAZA**
 CITY-ST-ZIP **CHICAGO, IL 60602**

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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 863-683-8680

CR2E034 (9/01)