

**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**



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>MASEK, CHARLES A JR</b> <b>3108 BRUTON ROAD</b> <b>PLANT CITY FL 33565</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASEK, CHARLES A JR</b>		NAME	<b>JOE DAMICO</b>	
STREET ADDRESS	<b>3108 BRUTON ROAD</b>		STREET ADDRESS	<b>272 E. DEERPATH RD., STE 350</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>		CITY-ST-ZIP	<b>LAKE FOREST, FL 60045</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRENNER, ALAN</b>		NAME	<b>JACK MCGINLEY</b>	
STREET ADDRESS	<b>2103 REANY RD</b>		STREET ADDRESS	<b>272 E. DEERPATH RD., STE 350</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>		CITY-ST-ZIP	<b>LAKE FOREST, FL 60045</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWNE, KEVIN D</b>		NAME	<b>TIM STACK</b>	
STREET ADDRESS	<b>1030 LAKE HOLLINGSWORTH DR</b>		STREET ADDRESS	<b>151 S. ROSE ST., STE 600</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>		CITY-ST-ZIP	<b>KALAMAZOO, MI 49007</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OWENS, TERRY</b>		NAME	<b>JOSEPH CARL, JR.</b>	
STREET ADDRESS	<b>601 E ALTAMONTE DRIVE</b>		STREET ADDRESS	<b>3500 THREE FIRST NATIONAL PLAZA</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>		CITY-ST-ZIP	<b>CHICAGO, IL 60602</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLOWAY, DAVID</b>		NAME		
STREET ADDRESS	<b>506 N ALEXANDER PO BOX 848</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY FL 33564</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REID, JOHN</b>		NAME		
STREET ADDRESS	<b>195 BUNKER HILL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STRATHAM NH 03885</b>		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]* **REQUIRED** x 1-7-02 863-683-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)