


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90034 013 \*\*\*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  
**5307 GREAT OAK DR.  
 LAKELAND, FL 33801 US**

**54006588**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**MASEK, CHARLES A JR.  
 3108 BRUTON ROAD  
 PLANT CITY, FL 33565**

4. FEI Number  
**65-0281923**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **DAVID H. GALLOWAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**506 N. ALEXANDER ST.**  
 City **PLANT CITY** FL Zip **33563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David H. Galloway* DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASEK, CHARLES A JR 3108 BRUTON ROAD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAMICO, JOE 272 E. DEERPATH RD, STE 350 LAKE FOREST, IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGINLEY, JACK 272 E. DEERPATH RD. STE 350 LAKE FOREST, IL 60045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, TERRY <b>CHANGE SPELLING →</b> 601 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(SPELLING ONLY)</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACK, TIM 151 S. ROSE ST. STE 600 KALAMAZOO, MI 49007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARI, JOSEPH 3500 THREEE FIRST NATIONAL PLAZA CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Charles A. Masek, Jr* **CHARLES A. MASEK, JR** Date **2/12/04** Daytime Phone # **863-683-8680**