


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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0281923	
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 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 <u><i>David H. Galloway</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DAMICO, JOE 272 E. DEERPATH RD, STE 350 LAKE FOREST, IL 60045	<input type="checkbox"/> Delete			
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	D OWEN, TERRY <i>CHANGE SPELLING</i> → 601 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
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	D CARI, JOSEPH 3500 THREEE FIRST NATIONAL PLAZA CHICAGO, IL 60602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, TERRY <i>(SPELLING ONLY)</i> 601 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701	<input checked="" 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: <u><i>Charles A. Masek, Jr</i></u> CHARLES A. MASEK, JR Date <u>2/12/04</u> Daytime Phone # <u>863-683-8680</u>					

54006588



02112004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

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* (NOTE: Registered Agent signature required when reinstating) DATE _____

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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	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	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	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 <i>CHANGE SPELLING</i> → 601 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(SPELLING ONLY)</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACK, TIM 151 S. ROSE ST. STE 600 KALAMAZOO, MI 49007	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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