2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61446

Entity Name: VANGUARD MEDICAL CONCEPTS, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	AT OAK DR. D, FL 33815	US					
Current Mailing Address:				New Mailing Address:			
	7 GREAT OAK DR. ELAND, FL 33815 US			10232 S 51ST ST PHOENIX, AZ 85044 US			
FEI Number:	65-0281923	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name					lame and Address of New Registered Agent:		
MASEK, CHARLES A JR 5307 GREAT OAK DR. LAKELAND, FL 33815 US				CT CORPORATION SYSTEM 1200 SOUTH PINE ISLANC ROAD PLANTATION, FL 33324 US			
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: MARIA OZAETA				04/24/2006			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () MASEK, CHARL 5307 GREAT O LAKELAND, FL	AK DR.		Title: Name: Address: City-St-Zip:	PD (X GROTTING, JO 10232 S 51ST PHOENIX, AZ	ST	
Title: Name: Address: City-St-Zip:	DAMICO, JOE	Delete TH RD, STE 350 IL 60045		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MCGINLEY, JAC	TH RD. STE 350		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	OWEN, TERRY 601 E ALTAMON	Delete NTE DRIVE PRINGS, FL 32701		Title: Name: Address: City-St-Zip:	D (X OLIVA, ADELE 445 PARK AVE NEW YORK, N	NUE	
Title: Name: Address: City-St-Zip:	STACK, TIM	Delete EE ST. NE, STE. 400 0309		Title: Name: Address: City-St-Zip:	WARNOCK, TO	RPATH ROAD, STE350	
Title: Name:	D () CARI, JOSEPH	Delete		Title:	D (X MCNERNEY P) Change()Addition FTFR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN B GROTTING PD 04/24/2006

3500 THREE FIRST NATIONAL PLAZA

CHICAGO, IL 60602

Address:

City-St-Zip:

60 SOUTH 6TH STREET, STE 3620

MINNEAPOLIS, MN 55402