

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61446

FILED  
May 14, 2007  
Secretary of State

Entity Name: VANGUARD MEDICAL CONCEPTS, INC.

**Current Principal Place of Business:**

5307 GREAT OAK DR.  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

10232 S 51ST ST  
PHOENIX, AZ 85044 US

**New Mailing Address:**

FEI Number: 65-0281923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLANC ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GROTTING, JOHN B  
Address: 10232 S 51ST ST  
City-St-Zip: PHOENIX, AZ 85044

Title: D ( ) Delete  
Name: DAMICO, JOE  
Address: 272 E. DEERPATH RD, STE 350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: MCGINLEY, JACK  
Address: 272 E. DEERPATH RD. STE 350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: OLIVA, ADELE  
Address: 445 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: WARNOCK, TODD  
Address: 272 EAST DEERPATH ROAD, STE350  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: MCNERNEY, PETER  
Address: 60 SOUTH 6TH STREET, STE 3620  
City-St-Zip: MINNEAPOLIS, MN 55402

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JOHN GROTTING

PD

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date