

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61446

FILED
Apr 30, 2008
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

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:

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Name:
Address:
City-St-Zip:

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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: TIM EINWECHTER

Electronic Signature of Signing Officer or Director

CFO

04/30/2008

_____ Date