

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61446

FILED
Jun 24, 2010
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TIM EINWECHTER

_____ Electronic Signature of Signing Officer or Director

CFO

06/24/2010

_____ Date