

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61446

FILED  
Jul 08, 2011  
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: CAO  
Name: MCKINNEY, TONY B  
Address: 2825 AIRVIEW BLVD  
City-St-Zip: KALAMAZOO, MI 49002

Title: O  
Name: BLONDIA, JEANNE  
Address: 2825 AIRVIEW BLVD  
City-St-Zip: KALAMAZOO, MI 49002

Title: O  
Name: LUM, ERIC  
Address: 2825 AIRVIEW BLVD  
City-St-Zip: KALAMAZOO, MI 49002

Title: O  
Name: SCANNELL, TIMOTHY  
Address: 2825 AIRVIEW BLVD  
City-St-Zip: KALAMAZOO, MI 49002

Title: O  
Name: FERREIRA, RICARDO  
Address: 10232 S 51ST ST  
City-St-Zip: PHOENIX, AZ 85044

Title: D  
Name: EINWECHETER, TIMOTHY  
Address: 10232 S. 51ST ST  
City-St-Zip: PHOENIX, AZ 85044

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: ERIC LUM

VP

07/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date