


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 OCT 15 PM 3:43

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # 561446
1. Entity Name
VANGUARD MEDICAL CONCEPTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5307 GREAT OAK DR
Suite, Apt. #, etc.

3. Mailing Address
5307 GREAT OAK DR.
Suite, Apt. #, etc.

REINSTATEMENT 2003

City & State
LAKELAND FL

City & State
LAKELAND FL

Zip
33801

Country
US

Zip
33801

Country
US

4. FEI Number
65-0281923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHARLES A. MASEK, JR.

Street Address (P.O. Box Number is Not Acceptable)
3108 BRITTON RD

City
PLANT CITY

FL

Zip Code
33565

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris S. Masek
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR - OFFICER - PRESIDENT</u> <u>CHARLES A. MASEK JR.</u> <u>3108 BRITTON RD.</u> <u>PLANT CITY FL 33565</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTORS</u> <u>JOE DAMICO</u> <u>272 E. DEERPATH RD STE 350</u> <u>LAKE FOREST IL 60045</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100023858121</u> <u>10/16/03--01066--009 **750.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>JACK MCGINLEY</u> <u>272 E DEERPATH RD STE 350</u> <u>LAKE FOREST IL 60045</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>TERRY DWENS</u> <u>601 ALTAMONTE DR</u> <u>ALTAMONTE SPRINGS FL 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>TIM STACK</u> <u>151 S. ROSE ST. STE 600</u> <u>KALAMA MI 49007</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>JOSEPH CARI</u> <u>3500 THREE FIRST NATIONAL PLAZA</u> <u>CHICAGO IL 60602-4283</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)