

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S42544

**Entity Name:** VASCOR MEDICAL CORPORATION

**Current Principal Place of Business:**

4634 TARAY LANE  
HOLIDAY, FL 34690

**Current Mailing Address:**

P.O. BOX 148  
TARPON SPRINGS, FL 34688-0148 US

**FEI Number:** 59-3067361

**Certificate of Status Desired:** No

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

MACCIA, AUDREY MPRES  
216 EARL ST  
TARPON SPRINGS, FL 34689 US

*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

**Officer/Director Detail :**

Title P  
Name MACCIA, AUDREY MARY  
Address 216 EARL ST  
City-State-Zip: TARPON SPRINGS FL 34689

Title VP  
Name MACCIA, VINCENT JOSEPH  
Address 216 EARL ST  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** AUDREY MACCIA

**PRESIDENT**

**05/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date