

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 642665					
1. Entity Name WILLIAM VARGAS, M.D., P.A.					
Principal Place of Business 2105 SOUTH COMBEE RD LAKELAND FL 33801 US			Mailing Address P.O. BOX 1742 LAKELAND FL 33802		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent VARGAS, WILLIAM 2105 SOUTH COMBEE RD. LAKELAND FL 33801				4. FEI Number 59-1945528	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				FL Zip Code	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, WILLIAM 2105 S COMBEE RD LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000198258 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/27/05-80044-014 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAGAS, JAIRO 3275 FOX HILL DR. CLEARWATER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Vargas, M.D. **PD** 24-05 863-665-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #