

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 642665 1. Entity Name WILLIAM VARGAS, M.D., P.A.		
Principal Place of Business 202 PARKVIEW PL LAKELAND, FL 33801 US		Mailing Address P.O. BOX 1742 LAKELAND, FL 33802
DO NOT WRITE IN THIS SPACE		
		 07052007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1945528		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VARGAS, WILLIAM 202 PARKVIEW PL LAKELAND, FL 33801		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, WILLIAM 2105 S COMBEE RD LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAGAS, JAIRO 3275 FOX HILL DR. CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>William Vargas M.D.</i></u> William Vargas M.D. <u>7/7/-2007</u> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		