


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 642665 1. Entity Name WILLIAM VARGAS, M.D., P.A. |  |
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| Principal Place of Business 202 PARKVIEW PL LAKELAND, FL 33801 US | Mailing Address P.O. BOX 1742 LAKELAND, FL 33802 |
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02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1945528 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent VARGAS, WILLIAM 202 PARKVIEW PL LAKELAND, FL 33801 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000835883 02/29/08-80054-002 150.00 |
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| 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 |
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DO NOT WRITE IN THIS SPACE

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:  **2/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #