

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 18

DOCUMENT # **M81419** (7)  
1. Corporation Name  
**CESAR VARGAS, M.D., P.A.**

Principal Place of Business Mailing Address  
**325 S.E. 3RD AVE. PO BOX 11 LAKE BUTLER FL 32054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1988** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

4. FEI Number **59-2982106** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VARGAS, CESAR  
325 SOUTHEAST 3RD AVE.  
LAKE BUTLER FL 32054**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>VARGAS, CESAR</b>
STREET ADDRESS	<b>325 SE 3 AVE</b>
CITY, ST, ZIP	<b>LAKE BUTLER FL</b>
TITLE	<b>D</b>
NAME	<b>VARGAS, CESAR</b>
STREET ADDRESS	<b>325 SE 3 AVE</b>
CITY, ST, ZIP	<b>LAKE BUTLER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	<b>VARGAS, CESAR E.</b>	
1.2 STREET ADDRESS	<b>325 SE 3 AVE</b>	
1.3 CITY, ST, ZIP	<b>LAKE BUTLER FL</b>	
2. TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	<b>VARGAS JR, CESAR E.</b>	
2.2 STREET ADDRESS	<b>325 SE 3 AVE</b>	
2.3 CITY, ST, ZIP	<b>LAKE BUTLER FL</b>	
3. TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 NAME	<b>VARGAS, NYDIA E</b>	
3.2 STREET ADDRESS	<b>325 SE 3 AVE</b>	
3.3 CITY, ST, ZIP	<b>LAKE BUTLER FL</b>	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME		
4.2 STREET ADDRESS		
4.3 CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME		
5.2 STREET ADDRESS		
5.3 CITY, ST, ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME		
6.2 STREET ADDRESS		
6.3 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an attachment with an address.

SIGNATURE: *Cesar E. Vargas* **MD** **CESAR E. VARGAS, M.D.** 2-21-95 (904) 496-3918  
SIGNATURE AND TYPE OF PRINTED NAME SIGNING OFFICER OR DIRECTOR