


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M81419</b> 1. Entity Name <b>CESAR VARGAS, M.D., P.A.</b>	
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Principal Place of Business <b>325 S.E. 3RD AVE. PO BOX 11 LAKE BUTLER FL 32054</b>	Mailing Address <b>325 S.E. 3RD AVE. PO BOX 11 LAKE BUTLER FL 32054</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE      CR2E034 (10/05)
City & State	City & State	4. FEI Number <b>59-2982106</b> <span style="float: right;">Applied For Not Applicable</span>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>VARGAS, CESAR 325 SOUTHEAST 3RD AVE. LAKE BUTLER FL 32054</b>
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<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PST	
NAME	VARGAS, CESAR	<input type="checkbox"/>
STREET ADDRESS	325 SE 3 AVE	
CITY- ST- ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/>
NAME	VARGAS, CESAR	
STREET ADDRESS	325 SE 3 AVE	
CITY- ST- ZIP	LAKE BUTLER FL	
TITLE	SD	<input type="checkbox"/>
NAME	VARGAS, NYDIA E	
STREET ADDRESS	325 SE 3 AVE	
CITY- ST- ZIP	LAKE BUTLER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000477443		
NAME	04/06/06-80051-012 150.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Section 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:** Cesar E Vargas MD Cesar E Vargas, Pres      3-20-06 (386) 496-3918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #