

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 027 ***150.00

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1. Entity Name
VARGAS HEALTHCARE MANAGEMENT GROUP, INC.



Principal Place of Business
1931 STAMFORD CIRCLE
WELLINGTON, FL 33414

Mailing Address
1931 STAMFORD CIRCLE
WELLINGTON, FL 33414

54037541



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984645

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VARGAS, JOSEPH D
1931 STAMFORD CIRCLE
WELLINGTON, FL 33414

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME VARGAS, JOSEPH D
STREET ADDRESS 1931 STAMFORD CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE V
NAME CUSA, PHILIP
STREET ADDRESS 1931 STAMFORD CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S
NAME VARGAS, CATHERINE T
STREET ADDRESS 1931 STAMFORD CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

561-795-5801

Daytime Phone #