


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000011773

1. Entity Name
VARGAS HEALTHCARE MANAGEMENT GROUP, INC.



Principal Place of Business Mailing Address

1931 STAMFORD CIRCLE **1931 STAMFORD CIRCLE**
WELLINGTON, FL 33414 **WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Joseph D. Vargas* **JOSEPH D. VARGAS**

3/20/06 **561-795-5801**

Date Daytime Phone #