


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000011773		
1. Entity Name VARGAS HEALTHCARE MANAGEMENT GROUP, INC.		
Principal Place of Business 1931 STAIMFORD CIRCLE WELLINGTON, FL 33414	Mailing Address 1931 STAIMFORD CIRCLE WELLINGTON, FL 33414	



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VARGAS, JOSEPH D 1931 STAIMFORD CIRCLE WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VARGAS, JOSEPH D 1931 STAIMFORD CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CUSA, PHILIP 1931 STAIMFORD CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VARGAS, CATHERINE T 1931 STAIMFORD CIRCLE 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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03/26/08-80071-013 150.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #