

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000030127

1. Entry Name  
PARGAS HEALTH CARE PROFESSIONAL FINANCE, INC.



Principal Place of Business  
7700 N KENDALL DR  
STE 515  
MIAMI, FL 33156

Mailing Address  
7700 N KENDALL DR  
STE 515  
MIAMI, FL 33156



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1088523

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PARGAS, CARLOS B  
7700 N KENDALL DR  
STE 515  
MIAMI, FL 33156

**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 CARLOS B. PARGAS  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/27/04

**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 NAME STREET ADDRESS CITY ST ZIP	PSTD PARGAS, CARLOS B 7700 N KENDALL DR #515 MIAMI, FL 33156
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000000138577  
04/29/04-80085-025 150.00

**DO NOT WRITE  
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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04  
Date

305-273-0990  
Daytime Phone #