

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126462

**FILED**  
**Feb 03, 2004**  
**Secretary of State**

**Entity Name:** ELLEN F. VARGAS, D.M.D., P.A.

**Current Principal Place of Business:**

12300 ALTERNATE A1A  
SUITE 115  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

12300 ALTERNATE A1A  
SUITE 115  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

12300 ALTERNATE A1A  
SUITE 115  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

5452 PENNOCK POINT RD  
JUPITER, FL 33458 US

**FEI Number:** 20-0448330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VARGAS, ROBERTO M  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VARGAS, ELLEN D.M.D.  
Address: 12300 ALTERNATE A1A #115  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN F. VARGAS

DENT

02/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date