## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000126462

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

FILED Feb 03, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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12300 ALTERNATE A1A 12300 ALTERNATE A1A

SUITE 115 SUITE 115

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 US

Current Mailing Address: New Mailing Address:

12300 ALTERNATE A1A 5452 PENNOCK POINT RD SUITE 115 JUPITER, FL 33458 US

PALM BEACH GARDENS, FL 33410

FEI Number: 20-0448330 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VARGAS, ELLEN D.M.D.
 Name:

 Address:
 12300 ALTERNATE A1A #115
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 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