

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126462

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

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5452 PENNOCK POINT RD
JUPITER, FL 33458 US

New Mailing Address:

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 VARGAS D.M.D.

DENT

01/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date