

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000022034**

1. Entity Name

**VARGAS/FRANK, MD PA****FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90062 022 \*\*\*150.00

Principal Place of Business

**1390 S DIXIE HIGHWAY #1301  
CORAL GABLES FL 33146  
US**

Mailing Address

**1390 S DIXIE HIGHWAY #1301  
CORAL GABLES FL 33146  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0466782**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GELBER, RONALD S CPA  
285 NW 199TH STREET #204  
MIAMI FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete  
NAME **VARGAS-POSADA, ESPERANZA**  
STREET ADDRESS **1390 S DIXIE HIGHWAY #1301**  
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE ESPERANZA VARGAS-POSADA, M.D.****8/18/00****(305) 6630213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DH# 894/00022034  
00081029

ESPERANZA VARGAS-POSADA, M.D., P.A.  
PHYSICAL MEDICINE AND REHABILITATION  
1390 S. DIXIE HIGHWAY, SUITE 1301  
CORAL GABLES, FL 33146  
TELEPHONE 305 - 663-0213 FAX 305 - 663-2645

August 18, 2000

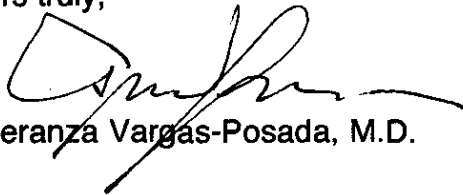
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Please be advised that my office never received the original form/first notice on the 2000 uniform business report. I am here enclosing a check for \$150.00.

Thank you for your attention.

Yours truly,



Esperanza Vargas-Posada, M.D.