

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90006 027 ***150.00

DOCUMENT # P94000022034

1. Entity Name
VARGAS/FRANK, MD PA

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.

GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169

City & State

City & State

4. FEI Number

65-0466782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 12, 2001 Fee 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

TITLE **D** ☐ Delete
 NAME **VARGAS-POSADA, ESPERANZA**
 STREET ADDRESS **1310 S DIXIE HIGHWAY #1301**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

ESPERANZA VARGAS-POSADA MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/01

(305) 6630213

0044744 AV

CR2E034 (5/01)

ATTACHMENT

Vargas/Frank, M.D. P.A.
1390 S. Dixie Highway, STE 1301
Coral Gables, Fl 33146

Department of State

Doc # P94000022034
C0074824

Dear Sir/Madame:

The enclosed report form was lost in the mail and only reached us this week. This is because you have the wrong address (see item 11D: 1310 instead of 1390).

Please accept our fee without penalty, as the fault was not ours.

From now on, please use the address listed in item 3 for our mailing address:

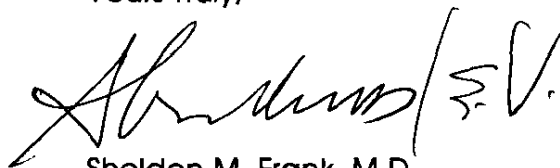
Gelber and Company

285 N.W. 199th Street, #204

Miami, Fl. 33169

Thank you.

Yours Truly,



Sheldon M. Frank, M.D.

Esperanza Vargas-Posada, M.D.