


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 022 \*\*\*150.00

<b>DOCUMENT # P94000022034</b>		
1. Entity Name VARGAS/FRANK, MD PA		

Principal Place of Business 1450 MADRUGA AVENUE CORAL GABLES, FL 33146 US	Mailing Address GELBER & COMPANY 11450 INTERCHANGE CIRCLE NORTH HOLLYWOOD, FL 33025 US
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50023079

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07122006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0466782		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELBER, RONALD S CPA 285 NW 199TH STREET #204 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11450 Interchange Circle North City Miramar FL Zip Code 33025	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ronald S. Gelber CPA DATE: 7/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS-POSADA, ESPERANZA 1310 S DIXIE HIGHWAY #1301 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vargas/Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 madruga Avenue #201 Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHOLON FRANK VARGAS DATE: 7/19/06 DAYTIME PHONE: 305-663-0213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR