

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90072 036 ***150.00

DOCUMENT # P95000041271

1. Entity Name
DAVID J. VARGAS, M.D., P.A.

Principal Place of Business

**1350 EAST MAIN STREET
 SUITE A-8
 BARTOW FL 33830**

Mailing Address

**1350 EAST MAIN STREET
 SUITE A-8
 BARTOW FL 33830**

2. Principal Place of Business

**3526 S. FLORIDA AVE
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 368
 Suite, Apt. #, etc.**

City & State

LAKELAND, FLORIDA

City & State

HIGHLAND CITY, FL

Zip

33803

Country

Zip

33846

Country

4. FEI Number

59-3322208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VARGAS, DAVID J
 1350 EAST MAIN STREET
 SUITE A-8
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name
DAVID J. VARGAS

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

3526 SOUTH FLORIDA AVE

City
LAKELAND

FL

Zip Code
33803

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 *David J. Vargas* **DAVID J. VARGAS**

1/14/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSVP
 VARGAS, DAVID J MD
 1350 E MAIN STREET, SUITE A-8
 BARTOW FL 33830** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

David J. Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

863 619 8449

Daytime Phone #

CR2E034 (9/01)