## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000041271**

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



FILED Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business

1114 S. FLORIDA AVE LAKELAND, FL 33803 Mailing Address

P O BOX 368 Highland City, FL 33846



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3322208

Applied For Not Applicable

5. Certificate of Status Desired

1/27/08

\$8.75 Additional

6. Name and Address of Current Registered Agent

VARGAS, DAVID J 1114 S. FLORIDA AVE LAKELAND, FL 33803

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

LAKELAND, FL 33803			IN THIS SPACE		
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_	Signsture, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent agnature	required when reinstating)	DATE
FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE	PSVP	·· <u>···································</u>			
NAME	VARGAS, DAVID J MD				
STREET ADORESS	1114 S. FLORIDA AVE				i
CITY-ST-ZIP	LAKELAND, FL 33803				
TITLE	DT				
NAME	VARGAS, DAVID J MD				U00000810732
STREET ADDRESS	1114 S. FLORIDA AVE				02/08/08-80076-022 158.75
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12. I hereby certify that the information supplied with this filling 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					