

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041271

FILED  
Apr 04, 2009  
Secretary of State

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

## Current Principal Place of Business:

1114 S. FLORIDA AVE  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 368  
HIGHLAND CITY, FL 33846

## New Mailing Address:

3101 HIGHLANDS BY THE LAKE WAY  
LAKELAND, FL 33812

FEI Number: 59-3322208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

VARGAS, DAVID J  
3101 HIGHLANDS BY THE LAKE WAY  
LAKELAND, FL 33812 US

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:

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSVP ( ) Delete  
Name: VARGAS, DAVID J MD  
Address: 1114 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33803

Title: DT ( ) Delete  
Name: VARGAS, DAVID J MD  
Address: 1114 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J VARGAS, MD

PSVP

04/04/2009

Electronic Signature of Signing Officer or Director

Date