

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46572

FILED
Mar 23, 2007
Secretary of State

Entity Name: ANWAR M. VARDAG, M.D., P.A.

Current Principal Place of Business:

WEST BOCA MEDICAL CENTER
21644 STATE RD 7
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

6165 N.W. 31 AVE.
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 65-0348001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARDAG, ANWAR M
6156 N.W. 31 AVE.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARDAG, ANWAR M,
Address: 6156 N.W. 31 AVE.
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VARDAG, ANWAR M,
Address: 6156 N.W. 31 AVE.
City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: ANWAR M. VARDAG

DR

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date