

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000235109

**Entity Name:** VARGAS MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

4190 RICHWOOD COURT  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

4190 RICHWOOD COURT  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 83-2158370

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, VICTOR M  
4190 RICHWOOD COURT  
MERRITT ISLAND, FL 32952 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:** VICTOR M VARGAS

10/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VARGAS, VICTOR M MD  
Address 4190 RICHWOOD COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR  
Name VARGAS, ADRIENNE M  
Address 4190 RICHWOOD COURT  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR M VARGAS

MGR

10/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date