

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 PM 3:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 595083 (7)**

1. Corporation Name  
**J. RAMON RODRIGUEZ, M.D., P.A.**

Principal Place of Business      Mailing Address

**7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH FL 33016-532  
US**

**7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH FL 33016-532  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**11/03/1978**      **05/01/1994**

4. FEI Number      Applied For

**59-1869083**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees

Trust Fund Contribution     

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, J. RAMON M.D.  
7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>RODRIGUEZ, J. RAMON M.D.</b>
STREET ADDRESS	<b>7150 WEST 20TH AVE #402</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J. RAMON RODRIGUEZ - M.D.**      4-24-95      305 5573833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone No.