

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595083

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** J. RAMON RODRIGUEZ, M.D., P.A.

**Current Principal Place of Business:**

7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH, FL 330165532 US

**New Principal Place of Business:**

**Current Mailing Address:**

7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH, FL 330165532 US

**New Mailing Address:**

**FEI Number:** 59-1869083      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RODRIGUEZ, J. RAMON M.D.  
7150 W. 20TH AVENUE  
SUITE 402  
HIALEAH, FL 33016 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: PD  
Name: RODRIGUEZ, J. RAMON M.D.  
Address: 7150 WEST 20TH AVE #402  
City-St-Zip: HIALEAH, FL 33016 US

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 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 all other like empowered.

SIGNATURE: J RAMON RODRIGUEZ MD

PD

04/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date