

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

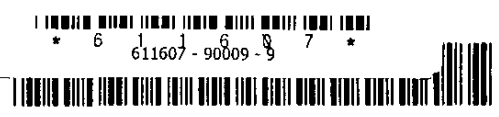


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 625942

1. Corporation Name
ALBERTO RODRIGUEZ, M.D. P.A.

Principal Place of Business: 3219 W. 4 AVE. HIALEAH FL 33012
 Mailing Address: 3219 W. 4 AVE. HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

2a. Mailing Address
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

3. Date Incorporated or Qualified: **06/14/1979**
 4. FEI Number: **59-1930784**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
RODRIGUEZ, RAQUEL
3219 W. 4TH AVE.
HIALEAH, FL
HIALEAH FL 33012

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, ALBERTO MD | |
| STREET ADDRESS | 3219 W. 4TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, ALBERT | |
| STREET ADDRESS | 193 SW 102 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, RAQUEL | |
| STREET ADDRESS | 193 SW 102 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (5/99)

ACCOUNTING AND TAXES
220 MIRACLE MILE, SUITE 206
CORAL GABLES, FLORIDA 33134
305-444-9929 - FAX 305-444-9181

LEAL & ROS

625942
611607-90009-9

August 16, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314
Secretary of State
Katherine Harris

Ref: Document # 625942
Alberto Rodriguez, M.D. P.A.

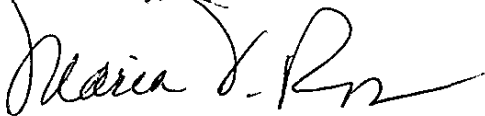
Dear Madam:

The Ck. # 2481 dated January 18, 1999 payable to Fl. Department of State, for the 1999 filing of the Corporation has not clear the bank account, therefore we are assuming that it was lost. We are sending a replacement check #1835 for \$150.00.

We are including photocopies of the check stubs for the month of January 1999, to substantiate our claim that Dr. Rodriguez mailed the payment on time.

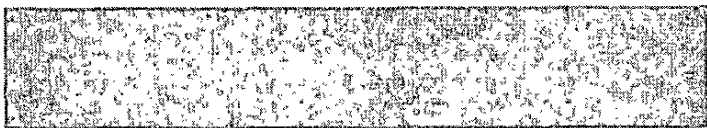
Unfortunately, the secretary did not photocopy the report. Therefore, we are using a "second notice" that we have on file.

Sincerely,



Maria V. Ros

Accountant



.....

025942
611607-9009-9

2465

DATE 1/15/99
PAY TO Maria K. King

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 6488 | 15 |
| DEPOSIT | | |
| TOTAL | 6488 | 15 |
| AMOUNT THIS CHECK | 195.00 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 6,293.15 | |

TAX DEDUCTIBLE

2466

DATE 1/21/99
PAY TO A. WOODRUFF

| | | |
|-------------------|-----------|----|
| BALANCE FORWARD | 6293.15 | 29 |
| DEPOSIT | 4564 | |
| TOTAL | 10,857.14 | |
| AMOUNT THIS CHECK | 3000.00 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 7,857.14 | |

TAX DEDUCTIBLE

2467

DATE 1/31/99
PAY TO CELECO
TULSA

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 7857.14 | 44 |
| DEPOSIT | | |
| TOTAL | 7857.14 | 44 |
| AMOUNT THIS CHECK | 319.34 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 7,538.10 | |

TAX DEDUCTIBLE

2468

DATE 1/19/99
PAY TO JUDY CRIST

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 7538.10 | 10 |
| DEPOSIT | | |
| TOTAL | 7538.10 | 10 |
| AMOUNT THIS CHECK | 153.30 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 7,384.80 | |

TAX DEDUCTIBLE

2469

DATE 1/13/99
PAY TO A. WOODRUFF

| | | |
|-------------------|-----------|----|
| BALANCE FORWARD | 7384.80 | 70 |
| DEPOSIT | 5000.00 | |
| TOTAL | 12,384.80 | |
| AMOUNT THIS CHECK | 3000.00 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 9,384.80 | |

TAX DEDUCTIBLE

2470

DATE 1/12/99
PAY TO GMAO

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 9384.80 | 50 |
| DEPOSIT | | |
| TOTAL | 9384.80 | 50 |
| AMOUNT THIS CHECK | 700.00 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 8,684.80 | |

TAX DEDUCTIBLE

2471

DATE 1/16/99
PAY TO NATHAN DISE

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 8684.80 | 50 |
| DEPOSIT | | |
| TOTAL | 8684.80 | 50 |
| AMOUNT THIS CHECK | 196.49 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 8,488.31 | |

TAX DEDUCTIBLE

2472

DATE 1/17/99
PAY TO MRBA

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 8488.31 | 01 |
| DEPOSIT | | |
| TOTAL | 8488.31 | 01 |
| AMOUNT THIS CHECK | 500.00 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 7,988.31 | |

TAX DEDUCTIBLE

2473

DATE 1/17/99
PAY TO DELISHA HODD HSH

| | | |
|-------------------|----------|----|
| BALANCE FORWARD | 7988.31 | 01 |
| DEPOSIT | | |
| TOTAL | 7988.31 | 01 |
| AMOUNT THIS CHECK | 313.09 | |
| BALANCE | | |
| OTHER DEDUCTIONS | | |
| BALANCE FORWARD | 7,675.22 | |

TAX DEDUCTIBLE