FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91833 048 ***150.00

DOCUMENT # P01000003183

1. Entity Name
JORGE A. RODRIGUEZ DMD, P.A.

90130202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11130 NO. KENDALL DR.	11130 NO. KENDALL DR.
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.: SUITE 202
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 Country: U.S.A.	Zip: 33176 Country: U.S.A.

4. FEI Number: 65-1080406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JORGE A. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 11130 NO. KENDALL DR.
SUITE 202
City: MIAMI **FL** Zip Code: 33176

8. 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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	RODRIGUEZ, JORGE A.	NAME	
STREET ADDRESS	11130 NO. KENDALL DR.#202	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33176	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Rodriguez 4/30/3 (305) 271-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1