FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 9615 LAKE SERENA DR.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

9815 LAKE SERENA DR.

STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010569 (8)

MARTHA RODRIGUEZ, M.D., P.A.

BOCA RATON FL 33496 BOCA RATON FL 33496-6518 3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1995 06/14/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0556223 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country ZipCountry 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, MARTHA 9615 LAKE SERENA DR. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 84 City 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 it is if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE ☐ Change TITLE 1.1 TITLE Addition RODRIGUEZ, MARTHA NAME 1.2 NAME 9615 LAKE SERENA DR. 1.3 STREET ADDRESS STREET ADORESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-20 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2IP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ___ Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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

FILED Feb 04 1997 8:00am Secretary of State

