

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90039 025 \*\*\*150.00

**DOCUMENT # P95000010569**

1. Entity Name

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

Principal Place of Business

1325 S. CONGRESS AVE  
 #101  
 BOUNTON BEACH FL 33426  
 US

Mailing Address

9615 LAKE SERENA DR.  
 BOCA RATON FL 33436-4821

2. Principal Place of Business

3. Mailing Address

*1325 So. Congress Ave, Suite*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*101*

City & State

*Boynton Beach, FL*

4. FEI Number

**65-0556223**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33426*

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARTHA**  
**9615 LAKE SERENA DR.**  
**BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name *RODRIGUEZ, MARTHA*

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

*4442 Pine Tree Dr*

City *Boynton Beach*

**FL**

Zip Code *33436*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/17/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b> <b>RODRIGUEZ, MARTHA</b>	<b>9615 LAKE SERENA DR.</b>	<b>BOCA RATON FL 33496</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>RODRIGUEZ, MARTHA</i>	<i>4442 Pine Tree Dr</i>	<i>Boynton Beach, FL 33436</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/00*

Date

*561 364 8056*

Daytime Phone #