2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000010569

1. Entity Name

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



01-24-2008 90038 020 ***150.00

Principal Place of Business

1325 S. CONGRESS AVE

#101

BOUNTON BEACH, FL 33426 L

Mailing Address

1325 S. CONGRESS AVE

#101

DO NOT WRITE IN THIS SPACE

BOUNTON BEACH, FL 33426

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FILED

Jan 24, 2008 8:00 am

Secretary of State

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0556223

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARTHA 1325 CO. CONGRESS AVE., ST 101 BOYNTON BEACH, FL 33436

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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	f applicable. (NOTE: Registered /	Agent signature re	equired when reinstating)	DATE								
FIL After Ma	E NOWI!! FEE 1S \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees									
10.	OFFICERS AND DIREC	CTORS		Market Committee		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sant Comment						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARTHA 1325 SO. CONGRESS AVE., ST 101 BOYNTON BEACH, FL 33426												
TITLE NAME STREET AOORESS CITY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,										
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			IN	THIS SPA	ACE:							
TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS													

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 embowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the flige empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 00 01

vtime Phone #