

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000059245 (5)
 1. Corporation Name
ALBERT RODRIGUEZ, M.D., P.A.



Principal Place of Business: **14657 VILLAGE GLEN CIR TAMPA FL 33624**
 Mailing Address: **14657 VILLAGE GLEN CIR TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 1307 W. Fletcher Ave**
 Suite, Apt. #, etc.: **22**
 City & State: **23 Tampa FL**
 Zip: **24 33612** Country: **25 Hillsborough**

2a. Mailing Address: **26 1307 W. Fletcher Ave.**
 Suite, Apt. #, etc.: **27**
 City & State: **28 Tampa, FL**
 Zip: **29 33612** Country: **30 Hillsborough**

3. Date Incorporated or Qualified: **07/07/1997**

4. FEI Number: **59-3457500** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
RODRIGUEZ, ALBERT M.D.
14657 VILLAGE GLEN CIR
TAMPA FL 33624

10. Name and Address of New Registered Agent:
 81 Name: **Rodriguez, Albert, M.D.**
 82 Street Address (P.O. Box Number is Not Acceptable): **1307 W. Fletcher Ave.**
 83
 84 City: **Tampa** State: **FL** 85 Zip Code: **33612**

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: *Albert Rodriguez M.D.* **ALBERT RODRIGUEZ M.D.** 1/8/98
Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating) (N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P, V, T, S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ALBERT	1.2 NAME	
STREET ADDRESS	1467 VILLAGE GLEN CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1000024084 Change Addition
 -01/21/98--01033--027
 ***150.00

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: *Sandra B. Mortham* **Sandra B. Mortham** 1/8/98 812-900-5077

CR2E034 (10/97)