

DOCUMENT # P97000059245

1. Entity Name

ALBERT RODRIGUEZ, M.D., P.A.



FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 039 ***150.00

Principal Place of Business

1307 W. FLETCHER AVE.
TAMPA FL 33612

Mailing Address

1307 W. FLETCHER AVE.
TAMPA FL 33612

2. Principal Place of Business

3353 W. BEARSS AVE
Suite, Apt. #, etc.

3. Mailing Address

3353 W. BEARSS AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3457500

Applied For

Not Applicable

Zip

33618

Country

HILLSBOROUGH

Zip

33618

Country

HILLSBOROUGH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALBERT M.D.
1307 W. FLETCHER AVE.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

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

3353 W. BEARSS AVE

City

TAMPA

FL

Zip Code

33618

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

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

(NOTE: Registered Agent signature required when reinstating)

9/1/00

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPVT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERT	
STREET ADDRESS	1467 VILLAGE GLEN CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERT	
STREET ADDRESS	1467 VILLAGE GLEN CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Albert Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

813-908-5827

Daytime Phone #

CR2E034 (5/00)

attachment poct# : P97000059245
A0075304

RICHARD M. CORBETT
Certified Public Accountant
14815 Dartmoor Lane
Tampa, Florida 33624
(813) 961-1191

September 1, 2000

Florida Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Albert Rodriguez, M.D., P.A.
Uniform Business Report for 2000
Document # P97000059245

Gentlemen:

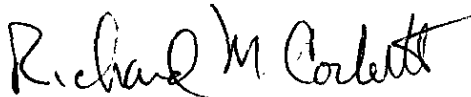
My client, Dr. Albert Rodriguez, has asked me to respond to your second notice for filing the 2000 Uniform Business Report for the above named corporation.

Your second notice obviously indicates that you do not have any record of a report being filed for 2000. After double checking my files and the records for Dr. Rodriguez, we agree with you that the report has not been filed. My files do not indicate that I received the report form from Dr. Rodriguez for review and completion for his signature. Dr. Rodriguez does not remember receiving the report booklet at all, and if he had, he would have immediately sent it to me along with other such forms which he receives on a regular basis (such as payroll reporting forms, etc.)

Enclosed is the completed report for 2000. Also enclosed is Dr. Rodriguez's check for \$150.00, the amount due if he could have filed by May 1, 2000. We respectfully request that the late filing fee be waived as we do not believe Dr. Rodriguez ever received the original form.

Thank you for your assistance in this matter. If you should have need any additional information, please contact me.

Very truly yours,



Richard M. Corbett, C.P.A.

Enclosures

cc: Albert Rodriguez, M.D., P.A.