


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000059245

1. Entity Name
ALBERT RODRIGUEZ, M.D., P.A.



Principal Place of Business Mailing Address

**3353 W BEARSS AVE
TAMPA FL 33618** **3353 W BEARSS AVE
TAMPA FL 33618**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3457500 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ALBERT M.D.
3353 W BEARSS AVE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000244831	
CITY-ST-ZIP	02/26/05-80030-018 150.00	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Albert Rodriguez M.D. P.A.* **ALBERT RODRIGUEZ M.D. P.A. 2/25/05 1-813-9085827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #