2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/05)

4. FEI Number   59-3457500 | Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, ALBERT M.D. 3353 W BEARSS AVE TAMPA FL 33618	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 _____

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

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DPVT NAME RODRIGUEZ, ALBERT STREET ADDRESS 1467 VILLAGE GLEN CIR CITY-ST-ZIP TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS *14657 VILLAGE CLRN CIRCLR* CITY-ST-ZIP ☒ Change ☐ Addition
TITLE S NAME RODRIGUEZ, ALBERT STREET ADDRESS 1467 VILLAGE GLEN CIR CITY-ST-ZIP TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS *14657 VILLAGR CLRN CIRCLR* CITY-ST-ZIP ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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* ALBERT Rodriguez MD 1/27/06 1-813-9085827

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