

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000096396

**Entity Name:** WILFREDO RODRIGUEZ, D.M.D. P.A.

**Current Principal Place of Business:**

201 SOUTH SEMORAN BLVD.  
ORLANDO, FL 32807

**Current Mailing Address:**

201 SOUTH SEMORAN BLVD.  
ORLANDO, FL 32807 US

**FEI Number:** 01-0743303

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, WILFREDO DR  
201 SOUTH SEMORAN BLVD.  
ORLANDO, FL 32807 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RODRIGUEZ, WILFREDO DR  
Address        201 SOUTH SEMORAN BLVD.  
City-State-Zip: ORLANDO FL 32807

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILFREDO RODRIGUEZ

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date