

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 475732 (4)

1. Corporation Name

FRANK RODRIGUEZ, M. D., P. A.



Principal Place of Business

7615 HUNTERS GROVE RD.
JACKSONVILLE FL 32256-7210

Mailing Address

7615 HUNTERS GROVE RD.
JACKSONVILLE FL 32256-7210

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK
7615 HUNTERS GROVE ROAD
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
06/01/1975

3a. Date of Last Report
03/29/1995

4. FEI Number
59-1587494

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1402, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent Submitting Report

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	RODRIGUEZ, FRANK	
STREET ADDRESS	7615 HUNTERS GROVE RD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	RODRIGUEZ, RAQUEL	
STREET ADDRESS	7615 HUNTERS GROVE RD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		☐ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		☐ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		☐ Change ☐ Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		☐ Change ☐ Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		☐ Change ☐ Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

CR2E034 (12/95)