FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUN 14 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **538126** **(4)**

1. Corporation Name
FIDEL RODRIGUEZ, M.D., P.A.

700001515707
-06/16/95--01083--003
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2900 17TH ST. P.O. BOX 595 ST. CLOUD FL 34769-6098	2900 17TH ST. P.O. BOX 595 ST. CLOUD FL 34769-6098

3. Date Incorporated or Qualified: **07/01/1977**
3a. Date of Last Report: **07/11/1994**

2. Principal Place of Business — 21: 2900 17TH ST
2a. Mailing Address — 26: P.O. Box 595
4. FEI Number: **59-1748113** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22: P
Suite, Apt. #, etc — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23: ST. CLOUD FL.
City & State — 28: ST CLOUD FLA
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 34769 Country — 25: OSCEOLA
Zip — 29: 34769 Country — 30: OSCEOLA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, FIDEL
2900 17TH ST.
ST. CLOUD FL 32769

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 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, FIDEL	12 NAME	
STREET ADDRESS	4600 PINE LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAS, DINES C.	22 NAME	
STREET ADDRESS	1020 PLANTATION DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RUDRA MD, SUJIT	32 NAME	
STREET ADDRESS	2900 17TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD, FL 00000	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-5-95 407-892-6133
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0377090 CP