

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538126 (4)

1. Corporation Name:

FIDEL RODRIGUEZ, M.D., P.A.



Principal Place of Business

**2900 17TH ST.
ST. CLOUD FL 34769-6098**

Mailing Address

**P.O. BOX 595
ST. CLOUD FL 34769**

3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 06/14/1995
4. FEI Number 59-1748113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and then applying

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD**

12 NAME

STREET ADDRESS **RODRIGUEZ, FIDEL**

13 STREET ADDRESS

CITY-STATE-ZIP **4600 PINE LAKE DRIVE**

14 CITY-STATE-ZIP

TITLE **ST. CLOUD FL** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

2.2 NAME

NAME **DAS, DINES C.**

2.3 STREET ADDRESS

STREET ADDRESS **1020 PLANTATION DRIVE**

2.4 CITY-STATE-ZIP

CITY-STATE-ZIP **KISSIMMEE FL** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

3.2 NAME

NAME **RUDRA MD, SUJIT**

3.3 STREET ADDRESS

STREET ADDRESS **2900 17TH ST.**

3.4 CITY-STATE-ZIP

CITY-STATE-ZIP **ST CLOUD, FL 00000** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-STATE-ZIP

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-STATE-ZIP

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-STATE-ZIP

CITY-STATE-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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96

407-892-6137

Date

Daytime Phone #

CR2E034 (12/95)