

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 598813

(4)

1. Corporation Name

MAURO RODRIGUEZ, M.D., P.A.



Principal Place of Business

516 LAKEVIEW ROAD  
VILLA 9  
CLEARWATER FL 34616-0369

Mailing Address

516 LAKEVIEW ROAD  
VILLA 9  
CLEARWATER FL 34616-0369

2. Principal Place of Business

21 611 DRUID RD. East

2a. Mailing Address

26 611 DRUID RD. East

Suite, Apt. #, etc.

22 SUITE #506

Suite, Apt. #, etc.

27 SUITE #506

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34616

Country

25 Pinellas

Zip

29 34616

Country

30 Pinellas

9. Name and Address of Current Registered Agent

KERN, DAVID  
516 LAKEVIEW ROAD  
VILLA III  
CLEARWATER, FL EF 34616

3. Date Incorporated or Qualified  
12/29/1978

3a. Date of Last Report  
04/19/1995

4. FEI Number

59-1876500

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 607.1508, 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 applicable

(607.1508) Registered Agent Signature required when new agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME RODRIGUEZ, MAURO  
STREET ADDRESS 516 LAKEVIEW, VILLA IX  
CITY-ST-ZIP CLEARWATER FL

TITLE VS ☐ DELETE

NAME RODRIGUEZ, ROSALIA C.  
STREET ADDRESS 516 LAKEVIEW, VILLA IX  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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)(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: Rosalia C. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 (813)441-9715  
Date Chapter Number

CR2E034 (12/95)