

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 # **598813** (4)

1. Corporation Name

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



Principal Place of Business

Mailing Address

516 LAKEVIEW ROAD
VILLA 9
CLEARWATER FL 34616-0369

516 LAKEVIEW ROAD
VILLA 9
CLEARWATER FL 34616-0369

3. Date Incorporated or Qualified **12/29/1978** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **611 DRUID RD. EAST**

26 **611 DRUID RD. EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #506**

27 **SUITE #506**

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL**

Zip

Country

Zip

Country

24 **34616**

25 **Pinellas**

29 **34616**

30 **Pinellas**

9. Name and Address of Current Registered Agent

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

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 firm, if applicable.

Signature, typed or printed name of registered agent and firm, if applicable.

Date

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MAURO	
STREET ADDRESS	516 LAKEVIEW, VILLA IX	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ROSALIA C.	
STREET ADDRESS	516 LAKEVIEW, VILLA IX	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Daytime Phone #

CP2E034 (12/95)