

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90008 010 ***150.00

DOCUMENT # 599631				DO NOT WRITE IN THIS SPACE																																																													
1. Entity Name Jesus S. Rodriguez, MD PA																																																																	
Principal Place of Business 142 E. 49th Street Hialeah, FL 33013		Mailing Address 142 E. 49th Street Hialeah, FL 33013																																																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State		City & State		4. FEI Number																																																													
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent Jesus S. Rodriguez, MD 142 E. 49th Street Hialeah, FL 33013				7. Name and Address of New Registered Agent																																																													
				Name																																																													
				Street Address (P.O. Box Number is Not Acceptable)																																																													
				City FL Zip Code																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ Yes ☐ No				10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">11. OFFICERS AND DIRECTORS</th> <th colspan="3">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS																																																
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																	
SIGNATURE: _____ Date: 5/24/01 (305) 822-1993																																																																	

CR2E034 (11/00)