

# 2007.FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 625942	
Entity Name ALBERTO RODRIGUEZ, M.D. P.A.	
Principal Place of Business 3219 W. 4 AVE. HIALEAH, FL 33012	Mailing Address 3219 W. 4 AVE. HIALEAH, FL 33012



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1930784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RODRIGUEZ, RAQUEL 3219 W. 4TH AVE. HIALEAH, FL HIALEAH, FL 33012
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**DO NOT WRITE  
IN THIS SPACE**

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
PD RODRIGUEZ, ALBERTO MD 3219 W. 4TH AVE. HIALEAH, FL	
VD RODRIGUEZ, ALBERT 193 SW 102 COURT MIAMI, FL	
STD RODRIGUEZ, RAQUEL 193 SW 102 COURT MIAMI, FL	

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05/24/07-80043-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alberto Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07  
Date Daytime Phone #