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**PROFIT** CORPORATION ANNUAL REPORT

1998

## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**FILED** Apr 30 1998 8:00am Secretary of State

UBALDO S. RODRIGUEZ, M.D., P.A. Principal Place of Business Mailing Address 3375 W. 4TH AVENUE 3375 W. 4TH AVENUE HALEAH FL 33012 HALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1980 2. Principal Place of Business 2a. Mailing Address Applied For 59-2007815 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 8. Flection Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name RODRIQUEZ, UBALDO S. 3376 W. 4TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE RODRIQUEZ, UBALDO S. NAME 1.2 NAME **CR2E034** 3375 W 4TH AVENUE STREET ADDRESS 13 STREET ADDRESS HIALEAH, FL 00000 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Addition TIFLE 2 1 TITLE 2.2 NAMI NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 liftE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 THEE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP Change DELETE Addition 6.1 TILLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental argust 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachment with in address.

SIGNATURE: