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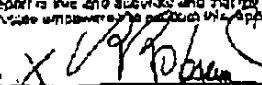
DUE BY MAY 1, 2008

08 MAY 14 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A05000001512					
1. Entity Name R & C RODRIGUEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business - No. P.O. Office 5840 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418			Mailing Address 5840 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418		
2. Principal Place of Business - No. P.O. Office			3. Mailing Address		
Subs. Apt. # etc.			Subs. Apt. # etc.		
City & State			City & State		
Zip			Zip		
County			County		
City			City		
State			State		
4. PEI Number			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of Non-Registered Agent		
PHYSICIANS' LAW CENTER, LLC 3452 W. BOYNTON BEACH BLVD., SUITE 5 BOYNTON BEACH FL 33435			Name Serial Address (P.O. Box Number Not Acceptable) City FL Zip		
8. The above named entity submits this statement for the purpose of changing its registered office or agent in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ DATE 04/21/08					
FEE: \$500.00. After May 1, 2008, fee will be \$550.00. Make check payable to Florida Department of State.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY	STATE	ZIP
	RODRIGUEZ, RAFAEL	5840 SEA BISCUIT ROAD			
		PALM BEACH GARDENS FL 33418			
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I hereby certify that the information furnished with this filing, done so in good faith and is true and correct. I am familiar with the information indicated on this report is true and correct and that the signature shall have the same legal effect as if made under oath. I am a General Partner of the limited partnership of the firm or of the partnership and I am not a partner in the firm or partnership.

SIGNATURE:  DATE: 5/14/08

NAME AND ADDRESS OF NON-REGISTERED AGENT: _____

TOTAL P.02

TOTAL P.01