

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 # **F38933** (0)

1. Corporation Name

JAUN ENRIQUE RODRIGUEZ, M.D., P.A.



Principal Place of Business

Mailing Address

1900 CORAL WAY
SUITE 303
MIAMI FL 33145

1900 CORAL WAY
SUITE 303
MIAMI FL 33145

3. Date Incorporated or Qualified
08/31/1981

3a. Date of Last Report
05/01/1995

21 2. Principal Place of Business
6701 Sunset Drive

2a. Mailing Address
6701 Sunset Drive

4. FEI Number
59-2122190

Applied For
Not Applicable

22 (Suite) Apt. #, etc.
212

27 (Suite) Apt. #, etc.
212

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

23 City & State
South Miami FL.

28 City & State
South Miami FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33143

25 Country
DADE

29 Zip
33143

30 Country
DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JUAN ENRIQUE
1900 CORAL WAY SUITE 303
MIAMI FL 33145**

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 607.0501, Florida Statutes.

SIGNATURE: *Juan Enrique Rodriguez M.D.* **JUAN ENRIQUE RODRIGUEZ M.D. 1-23-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PTD RODRIGUEZ, JUAN ENRIQUE**
STREET ADDRESS **1900 CORAL WAY #303**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **6701 SUNSET DRIVE SUITE 212**
1.4 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE DELETE
NAME **S WATT, JOHN E**
STREET ADDRESS **C/O 1900 CORAL WAY**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **6701 SUNSET DRIVE SUITE 212**
2.4 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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: *Juan Enrique Rodriguez M.D.* **JUAN ENRIQUE RODRIGUEZ M.D. 1-23-96 3056694898**

CRZE034 (12/95)