

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38933

1. Entity Name

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

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 033 ***150.00

Principal Place of Business

Mailing Address

6701 SUNSET DRIVE
 SUITE 212
 SOUTH MIAMI FL 33143
 US

6701 SUNSET DIRVE
 SUITE 212
 SOUTH MIAMI FL 33143
 US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2122190**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RODRIGUEZ, JUAN ENRIQUE**
 Street Address (P.O. Box number is Not Acceptable) **6701 SUNSET DR. SUITE 212**
 City **SOUTH MIAMI** FL Zip Code **33143**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	RODRIGUEZ, JUAN ENRIQUE		
	6701 SUNSET DIRVE SUTE 212		
	SOUTH MIAMI FL		
S	WATT, JOHN E		
	6701 SUNSET DRIVE SUTIE 212		
	SOUTH MIAMI FL		

13. I hereby 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 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: *Juan E. Rodriguez* **JUAN E. RODRIGUEZ MD . 305669**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1-31-00**
 Daytime Phone # **4898**

CR2E034 (9/99)