

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

6701 SUNSET DRIVE
SUITE 212
SOUTH MIAMI FL 33143
US

Mailing Address

6701 SUNSET DRIVE
SUITE 212
SOUTH MIAMI FL 33143
US

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN ENRIQUE	
STREET ADDRESS	6701 SUNSET DRIVE SUITE 212	
CITY-STATE-ZIP	SOUTH MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATT, JOHN E	
STREET ADDRESS	6701 SUNSET DRIVE SUITE 212	
CITY-STATE-ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Juan E. Rodriguez **JUAN E. RODRIGUEZ MD. 305669**
1-31-00
4898

CR2E034 (9/99)