

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1995 5-1-95

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:12

DOCUMENT # **F47237**

(5)

1. Corporation Name

J.A. RODRIGUEZ, M.D., P.A.

Principal Place of Business

5000 UNIVERSITY DRIVE
PO BOX 340789
CORAL GABLES FL 33146-2008

Mailing Address

5000 UNIVERSITY DRIVE
PO BOX 340789
CORAL GABLES FL 33146-2008

4649 Ponce de Leon Blvd
Suite 300
Coral Gables FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 ZIP

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 ZIP

30 Country

4. FEI Number

59-2125178

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1000 S.E. FIRST NATIONAL BANK BLDG.
MIAMI FL 33131

Isele Sotolongo
4649 Ponce de Leon Blvd
Coral Gables, FL
33146

10. Name and Address of New Registered Agent

81 Name Isele Sotolongo
82 Street Address (P.O. Box Number is Not Acceptable)
4649 Ponce de Leon Suite 300
83
84 City Coral Gables FL 85 Zip Code 33146

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 607.0505, Florida Statutes.

SIGNATURE

Isele Sotolongo

(NOTE: Registered Agent signature required when re-registering)

DATE

6-5-95

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME RODRIGUEZ, JOSE ANTONIO
STREET ADDRESS 5000 UNIVERSITY DR
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

2 1 TITLE Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE Change Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE Change Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE Change Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

REMITTED BY MAY 1

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:

J.A. Rodriguez

4/18/95 1061-2133