

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr. 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F76036

1. Entity Name
OSCAR RODRIGUEZ, M.D., P.A.



Principal Place of Business
401 NW 42 AVE
PLANTATION, FL 33317 US

Mailing Address
10857 N.W 2ND ST
PLANTATION, FL 33324 US

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2156696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR L.
10857 NW 2ND STREET
PLANTATION, FL 33324-1549

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Oscar L. Rodriguez (OSCAR L. RODRIGUEZ)

4 April 2004
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000105337
04/07/04-80020-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
RODRIGUEZ, OSCAR L.
10857 NW 2 ST
PLANTATION, FL

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar L. Rodriguez (OSCAR L. RODRIGUEZ) 4 April 2004 954-587-5010 X6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #