


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # J42941
 1. Entity Name
FERNANDO A. RODRIGUEZ, M.D., P.A.



Principal Place of Business 6101 WEBB ROAD SUITE 311 TAMPA, FL 33615	Mailing Address 6101 WEBB ROAD SUITE 311 TAMPA, FL 33615
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2739099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, FERNANDO A MD
6101 WEBB ROAD
SUITE 311
TAMPA, FL 33615

DO NOT WRITE 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 _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD0000101099 04/01/04-80034-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RODRIGUEZ, FERNANDO A MD 6101 WEBB ROAD, SUITE 311 TAMPA, FL 33615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Fernando Rodriguez* **813886 7112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #