


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J83426</b> 1. Entity Name <b>INTERNAL MEDICINE OF JACKSONVILLE/ OSCAR RODAS, M.D., P.A.</b>	
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Principal Place of Business <b>1205 MONUMENT RD. SUITE 200 JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>1201 MONUMENT ROAD SUITE 200 JACKSONVILLE, FL 32225</b>
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01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2822737</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**RODAS, OSCAR MD  
1201 MONUMENT ROAD  
SUITE 200  
JACKSONVILLE, FL 32225**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

**000000026175  
02/02/04-80133-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS RODAS, OSCAR M.D. 1201 MONUMENT ROAD SUITE #200 JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T RODAS, OSCAR MD 1201 MONUMENT ROAD SUITE #200 JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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 #