

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90039 046 ***550.00

DOCUMENT # K96908

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



Principal Place of Business
% MARSHA G. MADORSKY
2665 S. BAYSHORE DR., SUITE 603
MIAMI FL 33133-5418

Mailing Address
% MARSHA G. MADORSKY
2665 S. BAYSHORE DR., SUITE 603
MIAMI FL 33133-5418

DUIUJJKU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
David Rodriguez, MD PA
 Suite, Apt. #, etc.
7400 N. KENDALL DR #313

3. Mailing Address
DAVID Rodriguez, MD PA
 Suite, Apt. #, etc.
7400 N. KENDALL DR. #313

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number **65-0165507** Applied For
 Not Applicable

Zip **33156** Country **USA**

Zip **33156** Country **USA**

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

6. Name and Address of Current Registered Agent
MADORSKY, MARSHA G.
2665 S. BAYSHORE DR., SUITE 603
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **DAVID Rodriguez, MD PA**
 Street Address (P.O. Box Number is Not Acceptable)
7400 N. KENDALL #313
 City **MIAMI** FL **33156**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID	
STREET ADDRESS	10900 CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: *DAVID RODRIGUEZ, MD PA* 9-6-00 (305) 670-0260
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)