



FORM 27, 2004 FILING STATEMENT OF ROYAL GROUP LLC OF FLORIDA CORPORATION  
**ANNUAL REPORT**

S/4/200

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90140 029 \*\*\*158.75

<b>DOCUMENT # K96908</b>					
1. Entity Name <b>DAVID RODRIGUEZ, M.D., P.A.</b>					
Principal Place of Business <b>%DAVID RODRIGUEZ ME, P.A. 7400 N KENDALL DR #313 MIAMI, FL 33156</b>		Mailing Address <b>%DAVID RODRIGUEZ ME, P.A. 7400 N KENDALL DR #313 MIAMI, FL 33156</b>			
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0165507</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, DAVID MD PA 7400 N KENDALL #313 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent		
Name			City		
Street Address (P.O. Box Number is Not Acceptable)			FL Zip Code		
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 <b>06/02/04</b>			
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ, DAVID</b>	NAME			
STREET ADDRESS	<b>10900 CUTLER ROAD</b>	STREET ADDRESS	<b>7400 North Kendall Drive #313</b>		
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	<b>Miami, FL 33156</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 employees.					
SIGNATURE: <b>David A. Rodriguez MD</b>			DATE: <b>7/7/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

66465500

