## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K96908** DAVID RODRIGUEZ, M.D., P.A.



Mailing Address Principal Place of Business

%DAVID RODRIGUEZ ME, P.A. 7400 N KENDALL DR #313 MIAMI, FL 33156

%DAVID RODRIGUEZ ME, P.A. 7400 N KENDALL DR #313 MIAMI, FL 33156

**FILED** Jan 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01152007 No Cha-P

4. FEI Number	l	Applied For
65-0165507		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, DAVID MD PA 7400 N KENDALL #313 MIAMI, FL 33156

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

1/23/2007

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 Signature, typed or printed name of registered agent and bile if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DAVID 7400 NORTH KENDALL DR #313 MIAMI, FL 33156					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000611273 02/02/07-80054-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.						