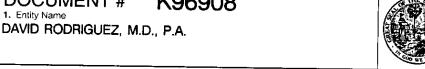
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K96908 **DOCUMENT #**

1. Entity Name



Zip



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

Mailing Address %DAVID RODRIGUEZ ME. P.A. 7400 N KENDALL DR #313

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

6. Name and Address of Current Registered Agent

Country

MIAMI FL 33156

20005785

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90700 016 ***150 00

☐ CHECK HERE IF MAKING CHANGES

FEI Number	65-0165507

Applied For Not Applicable

5. Certificate of Status Desired

4.

\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent				
Name		_		
Street Address (P.0	Box Number is Not Acceptable)			
		-		
City	FL Zip Code			

9. Election Campaign Financing

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 abligations of registered agent.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check	Repartment of State			Trust Fund Contribution.	Adde	d to Fees	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND	L ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DAVID 10900 CUTLER ROAD MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	[Change	Addition	

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #