

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L14383 (8)**

1. Corporation Name  
**VICTOR RODRIGUEZ-VIERA, M.D., P.A.**



Principal Place of Business  
**1820 43RD AVE  
SUITE 2  
VERO BEACH FL 32960-0531  
US**

Mailing Address  
**1820 43RD AVE  
SUITE 2  
VERO BEACH FL 32960-0531  
US**

3. Date Incorporated or Qualified <b>09/06/1989</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-2969952</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip 25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**GARRIS, CHARLES E.  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE: **DPT**  DELETE

2. NAME: **RODRIGUEZ-VIERA, VICTOR**

3. STREET ADDRESS: **1820 43RD AVE BLDG-B Suite 2**

4. CITY-STATE-ZIP: **VERO BEACH FL**

5. TITLE:  DELETE

6. NAME:

7. STREET ADDRESS:

8. CITY-STATE-ZIP:

9. TITLE:  DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-STATE-ZIP:

13. TITLE:  DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I declare by certifying 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 and data on this annual report or supplementary annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Victor Rodriguez-Viera* 3/19/97 (561) 562-1204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)