


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L14383


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



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2969952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E.
817 BEACHLAND BLVD.
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

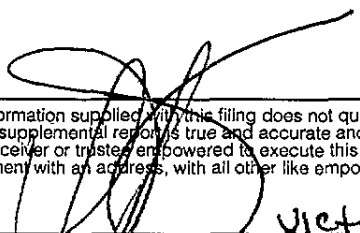
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ-VIERA, VICTOR 1820 43RD AVE, #2 VERO BEACH, FL
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02/02/05-80061-025 150.00

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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 reports 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.

SIGNATURE:  **Victor Rodriguez Viera** Date **1/25/05** Daytime Phone # **772-562-1204**

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