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Jan 15 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 # L39186 (6)

1. Corporation Name:
PHILIP RODRIGUEZ M.D. P.A.



Principal Place of Business: 1616 S. BAYSHORE DR. COCONUT GROVE FL 33133
Mailing Address: 1616 S. BAYSHORE DR. COCONUT GROVE FL 33133-4202

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business (21-23), 2a. Mailing Address (26-28), 4. FEI Number: 65-0171886, 5. Certificate of Status Desired: \$8.75 Additional Fee Required, 6. Election Campaign Financing: \$5.00 May Be Added to Fees, 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent: RODRIGUEZ, PHILIP, 1616 S. BAYSHORE DR., COCONUT GROVE FL 33133
10. Name and Address of New Registered Agent (81-85)

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____ (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS (1-6), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-6.4)

14. I do 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 annual report or supplemental 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 on an attachment with an address.

SIGNATURE: Philip Rodriguez (Signature and typed name)
Date: 1-6-97
Daytime Phone: (305) 881-3096

CR2E034 (9/96)