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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L43984
1. Corporation Name
ROBERTO A. RODRIGUEZ, D.D.S., P.A.

(8)

FILED
Apr 04 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 4301 PALM AVE 4301 PALM AVE SUITE F SUITE F HIALEAH FL 33012 HIALEAH FL 33012-4080										
						01/23/1990	<u> </u>			
2. Principal P	tage of Business	2a. Mailing Address				4. FEI Number 65-0184694			oplied For ot Applicable	
Suite, Apr	#, etc.	Suito, Apt. #, etc.			5 Certificate of Status Desired S8.75			Additional equired		
City & Star	le l	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00		
23	Country	28	Cou	intry		8. This corporation has liability for		Added to		
24	25	29	30	·] Yes	No	100.002,	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gister#0 #	\gent		
	RIGUEZ, ROBERTO A.			81	Name					
4301 SUIT			82	Street A	ddress (P.O. Box Number is Not Acceptal	ole)				
	EAH FL 33013			83						
				84	City	The state of the s	FL	85 Zip (Code	
SIGNATURE	Signature, ty, and or printed name of rog stered age OFFICERS AN	ID DIRECTORS	13.		ent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND			
NAME STREET ADDRESS	RODRIGUEZ, ROBERTO A. 4301 PALM AVE SUITE F	☐ DELET	1.2 N	AME	ADDRESS			☐ Change	Addition	
CITY \$1-769	HIALEAH FL		1.4 CI	IIY-S	T-ZIP					
101.6		DELET						☐ Change	Addition	
NAME STREET ADDRESS		•	2.2 N 2.3 S	-	ADDRESS					
C TY+S1+ZiP					ST-ZIP	· · · · · · · · · · · · · · · · · · ·			_	
THE		DELET						Change	Addition	
NAME Stock arostoces			3.2 No		ADDRESS					
STREET ACORESS CITY: \$1-7-P			- 1		ADDRESS ST-ZIP					
Billie	**************************************	☐ DELET			-			Change	Addition	
NAM			. 4.2 N							
STREET ADDRESS					ADDRESS					
COLY-SI-702 TOLE		DELET			T-ZIP			☐ Change	Addition	
NAME			'52 N							
STREET ACCORDES					ADORESS					
CHY-ST-7IP			5.4 CI	ĭY∙\$	T - ZIP				***************************************	
THE		DELET	É 6171	TLE		,		Change	Addit.on	
NAME			62 N		- 1					
STREET ADDRESS					ADDRESS					
Cry St-76	<u> </u>		6 4 C	TY-\$	T-ZIP					

I do hereby cert by 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 ham 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.

To a. Rodique DOS IIII Roberto A. Rodriguez 4/1/97