# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81801** **(7)**

1. Corporation Name
**CONNIE RODRIGUEZ, R.N., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CONNIE RODRIGUEZ<br>5239 WEST BROWARD BLVD.<br>PLANTATION FL 33317 | C/O CONNIE RODRIGUEZ<br>5239 WEST BROWARD BLVD.<br>PLANTATION FL 33317 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/18/1990 | 3a. Date of Last Report: 02/01/1994 |
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) County (25) | Zip (29) County (30) |
| 4. FEI Number: 65-0206451 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has subject to assessable tax under § 199.032, Florida Statutes ☒ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

RODRIGUEZ, CONNIE
1601 SW 56TH AVE.
PLANTATION FL 33317

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

SIGNATURE: _____ DATE
(Required: Type or printed name of registered agent and the capacity) (NOTE: Registered Agent's signature required when amending)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, CONNIE | 12 NAME | |
| STREET ADDRESS | 1601 SW 56TH AVE. | 13 STREET ADDRESS | |
| CITY ST ZIP | PLANTATION FL | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, DAVID A. | 22 NAME | |
| STREET ADDRESS | 1601 SW 56TH AVE. | 23 STREET ADDRESS | |
| CITY ST ZIP | PLANTATION FL | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, STEVEN S. | 32 NAME | |
| STREET ADDRESS | 1601 SW 56TH AVE. | 33 STREET ADDRESS | |
| CITY ST ZIP | PLANTATION FL | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | KEMPER, KIMBERLY A | 42 NAME | |
| STREET ADDRESS | 1941 SW 105 AVE | 43 STREET ADDRESS | |
| CITY ST ZIP | DAVIE FL | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** David Rodriguez David Rodriguez 5/1/95 (305) 587-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236787 CP