

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L81801** (7)

1. Corporation Name

CONNIE RODRIGUEZ, R.N., INC.



Principal Place of Business

**C/O CONNIE RODRIGUEZ
5239 WEST BROWARD BLVD.
PLANTATION FL 33317**

Mailing Address

**C/O CONNIE RODRIGUEZ
5239 WEST BROWARD BLVD.
PLANTATION FL 33317**

2. Principal Place of Business

21 **7900 Nova Drive**

Suite, Apt. #, etc.

22 **Suite 201**

City & State

23 **Davie, Fl**

Zip

24 **33324**

Country

25 **Broward**

2a. Mailing Address

26 **7900 Nova Drive**

Suite, Apt. #, etc.

27 **Suite 201**

City & State

28 **Davie, Fl**

Zip

29 **33324**

Country

30 **Broward**

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

05/01/1995

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, CONNIE
1601 SW 58TH 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

Signature of Registered Agent (if not the same as the corporation's registered agent)

Signature of Registered Agent (if not the same as the corporation's registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
RODRIGUEZ, CONNIE**
STREET ADDRESS **1601 SW 58TH AVE.**
CITY- ST- ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **D
RODRIGUEZ, DAVID A.**
STREET ADDRESS **1601 SW 58TH AVE.**
CITY- ST- ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **D
RODRIGUEZ, STEVEN S.**
STREET ADDRESS **1601 SW 58TH AVE.**
CITY- ST- ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **D
KEMPER, KIMBERLY A**
STREET ADDRESS **1941 SW 105 AVE**
CITY- ST- ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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:

Connie Rodriguez, R.N., Pres. 4-16-96 954-452-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)