


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90142 048 \*\*\*150.00

<b>DOCUMENT # L98630</b> 1. Entity Name ADULT AND GERIATRIC MEDICAL CARE, P.A.	
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Principal Place of Business 7001 N DALE MABRY HWY #11 TAMPA, FL 33614	Mailing Address 7001 N DALE MABRY HWY #11 TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3022243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

RODRIGUEZ, CRES, DR.  
7001 N. DALE MABRY HIGHWAY  
TAMPA, FL 33614

**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	PD RODRIGUEZ, CRES A. 7001 N. DALE MABRY HIGHWAY TAMPA, FL 33614
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cres Rodriguez MD* 02/14/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #