

2001 UNIFORM BUSINESS REPORT (LIBRARY)

DOCUMENT # P00000001031

1. Entity Name

H.D. Rodriguez, D.M.D., P.A.

Principal Place of Business

Mailing Address

1245 S. Volusia Ave.
Orange City FL 32763

1245 S. Volusia Ave.
Orange City FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rodriguez, Herminia D
1245 S. Volusia Ave.
Orange City FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME Rodriguez, Herminia D
STREET ADDRESS 1245 S. Volusia Ave.
CITY-ST-ZIP Orange City FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herminia D. Rodriguez DMD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

386-775-4911

Daytime Phone #

FILED

01 MAR 26 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

ac 3/24/01

REINSTATEMENT 2000-2001

CR2E034 (11/00)

T.G. BLACKWELL • C.P.A.
A Professional Association

Florida Institute of C.P.A.s

American Institute of C.P.A.s

PO00000001031

March 14, 2001

Attention: Anna Chesnut

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: H.D. Rodriguez, D.M.D., P.A. EIN# 59-3613473

Dear Ms. Chesnut:

Enclosed please find the Uniform Business Report for the above-referenced taxpayer for both the year 2001 and 2000 and a check in the amount \$300 for the fee of \$150 for each year. Please reinstate the corporation to active current status and abate the late filing penalty for 2000 based on the reasonable cause that the forms were not received in the corporation's first year of business. This is in response to our telephone conversation of March 7th in which we discussed this matter and the extenuating circumstances relating to it.

Your assistance is greatly appreciated.

Sincerely,


T. G. Blackwell
Certified Public Accountant

For Filing Purposes
Only