

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90105 026 ***158.75

DOCUMENT # P00000012805

1. Entity Name

DR. RAFAEL M. RODRIGUEZ, P.A



DO NOT WRITE IN THIS SPACE

70025626

2. Principal Place of Business
684 GOODLETT ROAD NORTH

3. Mailing Address
684 GOODLETT ROAD NORTH

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

4. FEI Number 65-0987188

Applied For
Not Applicable

Zip
34102

Country

Zip
34102

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DR. RAFAEL M. RODRIGUEZ

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

684 GOODLETT ROAD NORTH

City NAPLES

FL

Zip Code
34102

**DO NOT WRITE
IN THIS SPACE**

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-03

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	DR. RAFAEL M. RODRIGUEZ 684 GOODLETT ROAD NORTH NAPLES, FL 34102
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

239-4357246

Date

Daytime Phone #

CR2003-08 (12/92)