## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000062083

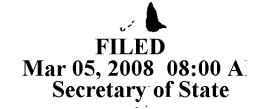
1. Entity Name

PETER RODRIGUEZ, M.D., P.A.



Principal Place of Business Mailing Address

7 4809 SE 11TH PL. OCALA, FL 34471 4809 SE 11TH PL. OCALA, FL 34471





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01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3663100

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

TURNER, CRAIG W 2603 SE 17TH ST., STE. C OCALA, FL 34471

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and fille it applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS	1358451	. Phillips and the second	化高油解析化器作用 经基础 经合作的证据 中心 人名英格兰
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR RODRIGUEZ, PETER M.D. 4809 SE 11TH PL. OCALA, FL 34471				enterior (in principal de la company de La company de la company d
TITLE NAME STREET ADDRESS CITY-ST-ZIP					# 000000847162 # 03719708-80009-007-1501.00'
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.					

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. Tam familiar with, and accept