

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2005 90058 002 \*\*\*150.00

**50006449**



**DOCUMENT # P01000034256**

1. Entity Name  
RODOLFO A. QUINTANA, PSY.D, P.A.



Principal Place of Business  
14736 SW 55TH TERRACE  
MIAMI, FL 33185

Mailing Address  
14736 SW 55TH TERRACE  
MIAMI, FL 33185

2. Principal Place of Business  
9370 SW 72 STREET  
Suite, Apt. #, etc.  
A-106  
City & State  
MIAMI FL  
Zip  
33173

3. Mailing Address  
9370 SW 72 STREET  
Suite, Apt. #, etc.  
A-106  
City & State  
MIAMI FL  
Zip  
33173

01072005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1092857

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DE LA HOZ, LEO  
3785 NW 82ND AVENUE  
STE 102  
MIAMI, FL 33166

7. Name and Address of New Registered Agent  
Name  
Leo De la Hoz  
Street Address (P.O. Box Number is Not Acceptable)  
3785 NW 82ND ST. Ste 420  
City  
MIAMI FL Zip Code  
33166

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 *[Signature]* / 1/8/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, RUDOLFO A 14736 SW 55TH TERRACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* / 1/14/05 (205) 216-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #