

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000075628

1. Entity Name

OSVALDO RODRIGUEZ, MD, P.A.



Principal Place of Business

3115 W. COLUMBUS DR.
STE. 107
TAMPA, FL 33607

Mailing Address

2504 MILLER WOODS COURT
VALRICO, FL 33594



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3741965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ-ROSADO, OSVALDO
2504 MILLER WOODS COURT
VALRICO, FL 33594

**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

Signature, typed or printed name of registered agent and title if 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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000899787
04/29/08-80001-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ-ROSADO, OSVALDO
STREET ADDRESS 2504 MILLER WOODS COURT
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Rodriguez MD PA President 3/5/8

Date

Daytime Phone #