

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90183 035 \*\*\*150.00

**DOCUMENT # P02000006505**

**1. Entity Name**  
**ANTONIO L. RODRIGUEZ, MD, PA**



**Principal Place of Business**  
**1801 WINGFIELD DRIVE**  
**LONGWOOD FL 32779**

**Mailing Address**  
**1801 WINGFIELD DRIVE**  
**LONGWOOD FL 32779**

**2. Principal Place of Business**

**3. Mailing Address**

**101 Edinburgh Dr.**  
Suite, Apt. #, etc.

**1801 Wingfield Dr.**  
Suite, Apt. #, etc.

**City & State**  
**Winter Park, FL**

**City & State**  
**Longwood, FL**

**4. FEI Number**  
**04-3595088**

**Applied For**  
**Not Applicable**

**Zip**  
**32792**

**Country**  
**USA**

**Zip**  
**32779**

**Country**  
**USA**

**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**

**VALES MARTIN, MIRTHA**  
**1321 ARBOR VISTA LOOP #125**  
**LAKE MARY FL 32746**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **RODRIGUEZ, ANTONIO L**  
**STREET ADDRESS** **1801 WINGFIELD DRIVE**  
**CITY-ST-ZIP** **LONGWOOD FL 32779**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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 REQUIRED 2/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)