

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90691 019 ***163.75

DOCUMENT # P02000029946

1. Entity Name
JOSE J. RODRIGUEZ, M.D., P.A.



Principal Place of Business
300 NW 114 AVENUE #105
MIAMI FL 33172

Mailing Address
300 NW 114 AVENUE #105
MIAMI FL 33172



2. Principal Place of Business **5040 NW 7th Street** **3. Mailing Address** **5040 NW 7th Street**

Suite, Apt. #, etc. **Suite 630**

Suite, Apt. #, etc. **Suite 630**

City & State **MIAMI, FL**

City & State **MIAMI, FL**

4. FEI Number **04-3634849**

Applied For
Not Applicable

☒ **CHECK HERE IF MAKING CHANGES**

Zip **33126** **Country** **USA** **Zip** **33126** **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

RODRIGUEZ, JOSE MD J P.A.
5040 NW 7TH STREET STE 630
MIAMI FL 33126

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 reinstalling)

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
Trust Fund Contribution.

☒ **\$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, JOSE J P.A.**
STREET ADDRESS **300 NW 114 AVENUE #105**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MEDICAL DOCTOR (DIRECTOR)** ☒ **Change** ☐ **Addition**
NAME **RODRIGUEZ JOSE J. MD PA**
STREET ADDRESS **5040 NW 7th Street Suite 630**
CITY-ST-ZIP **MIAMI FL 33126**

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

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

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

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

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE J. RODRIGUEZ, MD PA
(DIRECTOR)

Date

Daytime Phone #

(305) 774-1889

CR2E034 (10/02)