

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000075372

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** RAQUEL RODRIGUEZ MD P.A.

**Current Principal Place of Business:**

13230 US HWY 1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

13230 US HWY 1  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 04-3707725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERMIN, EILEEN MD  
1515 US 1  
SUITE 204  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

FERMIN, EILEEN MD  
13230 US 1  
SEBASTIAN, FL 32958 US

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.

SIGNATURE:

01/07/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: FERMIN, EILEEN MD  
Address: 130 SEASIDE TRAIL  
City-St-Zip: VERO BEACH, FL 32963 US

Title: P  
Name: MOREL, GUILLERMO F MD  
Address: 130 SEASIDE TRAIL  
City-St-Zip: VERO BEACH, FL 32963 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN FERMIN

MD

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date