2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90021 006 ***150.00

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DOCUMENT # P02000091070

1. Entity Name
JOSEPH A. RODRIGUEZ, M.D., P.A.

Principal Place of Business	Mailing Address
5980 SW 15 STREET PLANTATION, FL 33317	5980 SW 15 STREET PLANTATION, FL 33317

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite 4611 S. UNIVERSITY DRIVE City DAVIE, FL 33328	4611 S. UNIVERSITY DRIVE DAVIE, FL 33328
Zip / Country	Zip / Country

04282008 Chg-P CR2E034 (12/06)

4. FEI Number: 68-0519070 ☐ Applied For ☐ Not Applicable

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, JOSEPH A 5980 SW 15 STREET PLANTATION, FL 33317	RODRIGUEZ, JOSEPH A 4611 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 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] APRIL 29, 2008
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST RODRIGUEZ, JOSEPH A 5980 SW 15 STREET PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST RODRIGUEZ, JOSEPH A 4611 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4/29/2008 954-804-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #