





2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 021 ***158.75

DOCUMENT # P03000022024 1. Entity Name MARIA C. RODRIGUEZ-DOWLING, PSY.D., P.A.					
Principal Place of Business 11760 BIRD ROAD SUITE 703 MIAMI, FL 33175			Mailing Address POST OFFICE BOX 2903 MIAMI, FL 33283-2903		
2. Principal Place of Business 511 E. 39 St.		3. Mailing Address 511 East 39 Street		54057026 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL.		City & State Miami, FL 33013		4. FEI Number 265970207	
Zip 33013		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ-DOWLING, MARIA C PSY.D. 14220 SW 74 TERRACE MIAMI, FL 33183		7. Name and Address of New Registered Agent Name Maria C. Rodriguez-Dawling, Psy.D. Street Address (P.O. Box Number is Not Acceptable) 511 East 39 Street City Hialeah FL Zip Code 33013			
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  DATE 6/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	D <input type="checkbox"/> Delete RODRIGUEZ-DOWLING, MARIA C PSY.D. POST OFFICE BOX 2903 MIAMI, FL 332832903		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	Dr. Maria c. Rodriguez-Dawling, Psy.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 511 East 39 Street Hialeah FL. 33013	
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Delete		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MARIA C. Rodriguez-Dawling 6/2/04 (305) 803-9422 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					