

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State



DOCUMENT # P03000105612

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

Principal Place of Business
3801 N HWY 19-A STE 400
MY DORA, FL 32757

Mailing Address
3801 N HWY 19-A STE 400
MY DORA, FL 32757



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0253182 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GERARDO J M.D.
3801 N HWY 19-A STE 400
MY DORA, FL 32757

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IN THIS SPACE**

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 resigning)

00000256075

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

03/08/05-80042-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, GERARDO J M.D.
STREET ADDRESS	3801 N HWY 19-A STE 400
CITY- ST- ZIP	MY DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: *Gerardo Rodriguez* GERARDO RODRIGUEZ M.D. 352-383-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR