2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# P06000074153

Entity Name: RODRIGUEZ FAMILY MEDICAL CENTER CORP

Current Principal Place of Business:

5900 SW 178TH AVENUE
SOUTH WEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

5900 SW 178TH AVENUE
SOUTH WEST RANCHES, FL 33331

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, COSME E
160 12TH AVENUE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, BARBARA
Address: 5900 SW 178TH STREET
City-St-Zip: SOUTH WEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA RODRIGUEZ P 01/11/2007
Electronic Signature of Signing Officer or Director Date