

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90284 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000004930**

1. Corporation Name
DARIO A. RODRIGUEZ, DDS, PA.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2911 REDBUG LAKE ROAD
 STE. 400
 CASSELBERRY FL 32707**

Mailing Address
**2911 REDBUG LAKE ROAD
 STE. 400
 CASSELBERRY FL 32707**

3. Date Incorporated or Qualified
01/20/1994

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29

4. FEI Number
59-3191645

Applied For
 Not Applicable

21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24

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

22
 City & State
 23
 Zip
 24

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

24
 Zip
 25
 Country
 29
 Zip
 30
 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**RODRIGUEZ, DARIO A
 2911 REDBUG LAKE ROAD
 STE. 400
 CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	RODRIGUEZ, DARIO A	2911 REDBUG LAKE ROAD, STE. 400	CASSELBERRY FL 32707	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dario A. Rodriguez DDS* Date: *4/27/99* Daytime Phone #: *407-696-1325*

CR2E034 (11/98)