


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90064 040 \*\*\*150.00

<b>DOCUMENT # P96000024637</b> 1. Entity Name <b>SONOCARE MEDICAL SERVICES, INC.</b>			
Principal Place of Business <b>8625 N.W. 8 STREET NO. 315 MIAMI, FL 33126</b>		Mailing Address <b>8625 N.W. 8 STREET NO. 315 MIAMI, FL 33126</b>	
2. Principal Place of Business <b>5980 SW 18 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>5980 SW 18 ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33155</b>		City & State <b>MIAMI FL</b> Zip <b>33155</b>	
Country		Country	
4. FEI Number <b>65-0651337</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, ROXANA 8625 N.W. 8 STREET NO. 315 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, ROXANA 8625 N.W. 8 STREET NO. 315 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Roxana Rodriguez 5980 SW 18 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ, MARGARITA 6340 S.W. 14 STREET MIAMI, FL 33144	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.			
<b>SIGNATURE:</b> <u>Roxana Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-4-5      305-300-1614 <small>Date      Daytime Phone #</small>	