

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


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AND
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1999 JUL 23 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000077697

1. Corporation Name
VASCO A. RODRIGUEZ, D.C., P.A.

Principal Place of Business
5108 N. HABANA AVENUE #1
TAMPA FL 33614

Mailing Address
5108 N. HABANA AVENUE #1
TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1320 N. Main St STE B	25 1320 N. Main St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE B	27 SUITE B
City & State	City & State
23 Kissimmee FL	28 Kissimmee FL
Zip	Zip
24 34744	29 34744
Country	Country
25 Osceola	30 Osceola

3. Date Incorporated or Qualified
08/11/1996

4. FEI Number
59-3406321

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

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

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

9. Name and Address of Current Registered Agent

DR. VASCO A. RODRIGUEZ
4840 N. GRUENIA AVE.
2800 NORTH STREET NORTH
TAMPA FL 33603

Dr. Vasco A. Rodriguez
1320 N. Main St, Suite B
Kissimmee FL
34744

10. Name and Address of New Registered Agent

81 Name Dr. Vasco A. Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)
1320 N. Main St

83 Suite B

84 City Kissimmee

85 FL

86 Zip Code 34744

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: [Signature] DATE: 1/7/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, VASCO A D.C.	
STREET ADDRESS	4840 N. ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Rodriguez, Vasco A, D.C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1320 N. Main St, Suite B	
1.4 CITY-ST-ZIP	Kissimmee FL 34744	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [Signature] DATE: 1/7/99

AD

19 2

The Bank of Tampa

POST OFFICE BOX ONE
TAMPA, FLORIDA 33601-0001

4400 NORTH ARMENIA AVENUE
TAMPA, FLORIDA 33603
18131 872-1205
FAX 18131 872-0458

John H. Marshall
VICE PRESIDENT

June 18, 1999

Ms. Pat Bailey
Florida Department State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Re: Bayside Health Care Center, Inc., P.A.

Dear Ms. Bailey:

I am writing this letter on behalf of Dr. Rodriguez, a good standing customer of our bank. Dr. Rodriguez informed me of a situation that occurred earlier this year that resulted from two payments of \$150.00 each to your department. It appears that both checks were returned to the state due to an error on the part of the bank. At the time these checks were issued, Dr. Rodriguez was in the process of closing his accounts with the bank due to a relocation of his practice. In the process of closing his accounts, we failed to inform Dr. Rodriguez to the fact that these two checks (copies enclosed) had not yet cleared the bank. Subsequently, when presented for payment, the checks were returned. I would appreciate your assistance in working with Dr. Rodriguez and not penalizing him for this unfortunate incident.

Should you need any further information or would care to contact me directly, I can be reached at 813-872-1205.

Best Regards,


John H. Marshall