

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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90011 044 ***550.00

0194453

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000060549

1. Corporation Name
MANUEL RODRIGUEZ-GARCIA, MD, PA



Principal Place of Business 3661 S MIAMI AVENUE SUITE 610 MIAMI FL 33133	Mailing Address 3661 S MIAMI AVENUE SUITE 610 MIAMI FL 33133
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/11/1997	4. FEI Number 65-0771210	Applied For <input type="checkbox"/> Not Applicable
21 3661 So Miami Ave	26 3661 So Miami Ave	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 SUITE 801	27 SUITE 801	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Miami FL	28 Miami FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 33133	25 FL			
29 33133	30 FL			

9. Name and Address of Current Registered Agent

RODRIGUEZ-GARCIA, MANUEL
3661 S MIAMI AVENUE SUITE 610
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ-GARCIA, MANUEL	
STREET ADDRESS	3661 S MIAMI AVENUE SUITE 610	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, NORMA P	
STREET ADDRESS	3661 S MIAMI AVENUE SUITE 610	
CITY-ST-ZIP	MIAMI FL 33133	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodriguez-Garcia, Manuel	
1.3 STREET ADDRESS	3661 So. Miami Ave SUITE 801	
1.4 CITY-ST-ZIP	Miami FL 33133	
2.1 TITLE	DIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodriguez, Norma P.	
2.3 STREET ADDRESS	3661 So. Miami Ave SUITE 801	
2.4 CITY-ST-ZIP	Miami, FL 33133	
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, and that I am empowered.

SIGNATURE: _____ DATE: **30 / Aug / 99** DAYTIME PHONE #: **305 / 858 - 4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)