

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060549

FILED
Jan 28, 2005
Secretary of State

Entity Name: MANUEL RODRIGUEZ-GARCIA, MD, PA

Current Principal Place of Business:

3661 SOUTH MIAMI AVENUE
SUITE 801
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVENUE
SUITE 801
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0771210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ-GARCIA, MANUEL
3661 S MIAMI AVENUE SUITE 801
MIAMI, FL 33133 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: DP () Delete
Name: RODRIGUEZ-GARCIA, MANUEL
Address: 3661 SOUTH MIAMI AVENUE, SUITE 801
City-St-Zip: MIAMI, FL 33133

Title: DST () Delete
Name: RODRIGUEZ, NORMA P
Address: 3661 SOUTH MIAMI AVENUE, SUITE 801
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: MANUEL RODRIGUEZ GARCIA

DP

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date