## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

## P97000060549

1. Entity Name

MANUEL RODRIGUEZ-GARCIA, MD, PA



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90303 030 \*\*\*150.00

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Sune. Apt. # dic.   Sulie Api. # dic.   Sulie Api. # dic.   CHECK HERE IF MAKING CHANSES    City & State   Country   Zip   Country   S. Certificate of Status Desire:   S8.75 Additional Fior Requirement    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    RODRIGUEZ-GARCIA, MANUEL   Street Address (P.C. Box Numbor is Not. Accorptable)    MAMA IF. 33133   City   FL   Zip Code    6. The above need ently submits this statement for the outpose of changing its registered office or registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent of the purpose of changing its registered office or registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent of the purpose of changing its registered office or registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent of the purpose of changing its registered office or registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent. Signature registered agent, or both. In the State of Florics, it an familiar with, and accept motoclogistons of registered agent. Signature registered agent. Sig	3661 SOUTH SUITE 801	MIAMI AVEN	3661 S SUITE	3661 SOUTH MIAMI AVENUE SUITE 801												
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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 tipe empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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