

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P9700007964?**  
 1. Entity Name  
**Vicente Rodriguez, M.D., P.A**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT -2 AM 11:41

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**16601 Palm Royal Drive 16601 Palm Royal Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1416 1416**  
 City & State City & State  
**Tampa, FL Tampa, FL**  
 Zip Country Zip Country  
**33647 USA 33647 USA**

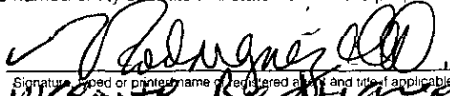
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**05-0781818** Not Applicable  
 5...Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Vicente Rodriguez MD**  
**16601 Palm Royal Drive**  
**#1416**  
**Tampa, FL 33647**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

SIGNATURE  **8/24/00**  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/President/recter</b> <b>Vicente Rodriguez MD</b> <b>16601 Palm Royal Drive</b> <b>Tampa, FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200003417502--4</b> <b>-10/06/00--0115--017</b> <b>***150.00 ***150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/24/00** **813-866-1665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)

# Carlos B. Pargas And Associates, P. A., CPAs

Comprehensive Financial Planners • Estate Planners • Computer Consultants  
Pension Consultants • Registered Investment Advisors • Financial Advisory Services

DENTAL  
ADVISORY  
BOARD

September 21, 2000

Division of Corporations  
Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Enclosed Reinstatement Application for Vicente Rodriguez, M.D., P.A.


Gentlemen,

The above corporation relocated to another city in Florida and never received their annual report renewal request from the Secretary of State on or about January of 2000. Consequently, the corporate charter could have been dissolved or revoked.

The relocation of the corporate office, never having received the annual report request from the State that should have been filed by May of 2000, and relocation of the President and his family have cause a chain of unfortunate events which could have led to the revocation of the charter.

On behalf of the client, we are submitting a \$150 check and completed form 2000 UBR to reinstate the corporate charter and we plead, due to reasonable cause, that all penalties be waived under the circumstances.

Respectfully,

  
Carlos B. Pargas, C. P.A.  
Reg. Investment Advisor

Enclosures

JAQUELINE R.  
ALVAREZ, DDS  
SOUTH MIAMI,  
FLORIDA

ANTONIO R.  
CRUZ, DMD  
CORAL GABLES,  
FLORIDA

OLIMPO A.  
FONSECA, DDS  
WESTCHESTER,  
FLORIDA

MARTA  
GAINZA, DDS  
WEST KENDALL,  
FLORIDA

MARIO K.  
GARCIA, DDS  
SOUTH MIAMI,  
FLORIDA

LUIS  
LLAMAS, DDS  
CORAL GABLES,  
FLORIDA

VIVIAN S.  
MORAD, DMD  
KENDALL,  
FLORIDA

RAUL G.  
MOLINA, DDS  
WEST KENDALL,  
FLORIDA

FREDERICK J.  
NIN, DDS  
MIAMI SHORES,  
FLORIDA

CESAR R.  
SABATES, DDS  
CORAL GABLES,

CARLOS  
LANCHEZ, DDS

ARABI  
SABATO, DDS

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Member: American Institute of Certified Public Accountants, Florida Institute of Certified Public Accountants,  
American Institute of Certified Public Accountants Tax Division and Personal Financial Planning Division

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