

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079643

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: VICENTE RODRIGUEZ, M.D., P.A.

## Current Principal Place of Business:

782 N.W. 42ND AVENUE  
343  
MIAMI, FL 33126 US

## New Principal Place of Business:

5600 S.W. 135TH AVENUE  
103  
MIAMI, FL 33183 US

## Current Mailing Address:

15768 S.W. 69TH LN  
MIAMI, FL 33193 US

## New Mailing Address:

FEI Number: 65-0781818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, VICENTE M.D.  
15768 S.W. 69TH LN  
MIAMI, FL 33193 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: DPST ( ) Delete  
Name: RODRIGUEZ, VICENTE M.D.  
Address: 15768 S.W. 69TH LN  
City-St-Zip: MIAMI, FL 33193 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: RODRIGUEZ, VICENTE M.D.  
Address: 15768 S.W. 69TH LN  
City-St-Zip: MIAMI, FL 33193 US

Title: ST ( ) Change (X) Addition  
Name: TERESITA, HERNANDEZ J M.D.  
Address: 15768 S.W. 69TH LN  
City-St-Zip: MIAMI, FL 33193 US

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: TERESITA J. HERNANDEZ, M.D.

ST

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date