

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90297 022 \*\*\*150.00

<b>DOCUMENT # P98000026613</b> 1. Entity Name HECTOR S. RODRIGUEZ M.D. MEDICAL GROUP, INC.					
Principal Place of Business <del>101 NW 12 AVE</del> <i>changed</i> <del>MIAMI, FL 33128</del>				Mailing Address <del>101 NW 12 AVE</del> <i>changed</i> <del>MIAMI, FL 33128</del>	
2. Principal Place of Business 951 SW 42 Ave Suite, Apt. #, etc. 301 City & State MIAMI, FL Zip 33134 Country MIAMI-Dade		3. Mailing Address same Suite, Apt. #, etc.  City & State  Zip  Country 			
4. FEI Number 65-0824807				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RODRIGUEZ, HECTOR S 4237 SW 5 STREET MIAMI, FL 33134				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RODRIGUEZ, HECTOR S <del>401 NW 12 AVE</del> <del>MIAMI, FL 33128</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	951 SW 42 AVE # 301 MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, HECTOR S <del>101 NW 12 AVE</del> <del>MIAMI, FL 33128</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	951 SW 42 AVE # 301 MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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 like empowered.					
SIGNATURE: <i>Hector S. Rodriguez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/04 (305) 444-1607 <small>Date Daytime Phone #</small>		

*the form. Our accountant help us.*