2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026613

1. Entity Name
HECTOR S. RODRIGUEZ M.D. MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
951 SW 42 AVE #301	951 SW 42 AVE #301
MIAMI, FL 33134	MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0824807	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HECTOR S MD
4237 SW 5 STREET
MIAMI, FL 33134

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	RODRIGUEZ, HECTOR S MD	
STREET ADDRESS	951 SW 42 AVE #301	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		
NAME		
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CITY-ST-ZIP		

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05/11/07-80027-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/24/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #