
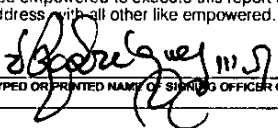


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90135 014 \*\*\*150.00

<b>DOCUMENT # P99000007833</b> 1. Entity Name V. RODRIGUEZ, III, M.D., P.A.					
Principal Place of Business 411 LAKEBRIDGE PLAZA DR ORMOND BEACH, FL 32174			Mailing Address 411 LAKEBRIDGE PLAZA DR ORMOND BEACH, FL 32174		
2. Principal Place of Business <b>345 CLYDE MORRIS BLVD</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE 360</b>		Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH FL</b>		City & State			
Zip <b>32174</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>59-3555609</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GLASS, SUSAN B 836 S RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name <b>C. BERGMAN &amp; ASSOC</b> Street Address (P.O. Box Number is Not Applicable) <b>11266 W HILLSBOROUGH AVE SUITE 156</b> City <b>TAMPA</b> FL <b>33635</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, VIRGINIO III</b> <b>7 WHIPPER LN CIRCLE</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIRGINIO RODRIGUEZ III</b> <b>2 PINE SHADOW TRAIL</b> <b>ORMOND BEACH FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>V. RODRIGUEZ III MD</b> <b>3/27/06</b> <b>386-677-8880</b>					