

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000007833

**Entity Name:** V. RODRIGUEZ, III, M.D., P.A.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

345 CLYDE MORRIS BLVD  
STE 360  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

345 CLYDE MORRIS BLVD  
STE 360  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3555609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C. BERGMAN & ASSOCIATES  
11266 W HILLBOROUGH AVE STE 156  
TAMPA, FL 33635 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, VIRGINIO III  
Address: 2 PINE SHADOW TRL  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIO RODRIGUEZ III

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date