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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21114 (1)

1. Corporation Name:
VICENTE A. RODRIGUEZ, M.D., P.A.

Principal Place of Business: **3750 WEST 16TH AVENUE SUITE 220 HIALEAH FL 33012 US**
Mailing Address: **3750 WEST 16TH AVENUE SUITE 220 HIALEAH FL 33012 US**

DO NOT WRITE IN THIS SPACE

3. Date Report Prepared or Qualified 12/27/1990	3a. Date of Last Report 04/05/1994
4. FCI Number 65-0235304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for advertising fee under S. 199.02(2), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent
**RODRIGUEZ, VICENTE A.
3750 WEST 16TH AVENUE
SUITE 220
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address # P.O. Box Number is Not Acceptable
B3
B4 City
B5 Zip Code
FL

11. Pursuant to the provisions of Sections 607.05(4) and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(4), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4, 1)	
01. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	RODRIGUEZ, VICENTE A.	2. NAME	
03. STREET ADDRESS	3750 WEST 16TH AVENUE SUITE 220	3. STREET ADDRESS	
04. CITY, ST. ZIP	HIALEAH FL	4. CITY, ST. ZIP	
05. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME		6. NAME	
07. STREET ADDRESS		7. STREET ADDRESS	
08. CITY, ST. ZIP		8. CITY, ST. ZIP	
09. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST. ZIP		16. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Vicente A. Rodriguez, MD - President

04/24/95 305-558-5504