


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 025 ***150.00

DOCUMENT # S21114
 1. Entity Name
VICENTE A. RODRIGUEZ, M.D., P.A.



Principal Place of Business Mailing Address
4751 W 4TH AVE **4751 W 4TH AVE**
HIALEAH, FL 33012 US **HIALEAH, FL 33012 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

04132006 Chg-P CR2E034 (11/05)
 4. FEI Number
65-0235304 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
RODRIGUEZ, VICENTE A.
4751 W 4TH AVE
HIALEAH, FL 33012

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, VICENTE A.	
STREET ADDRESS	5877 SW 123 AVE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **VICENTE RODRIGUEZ** 4/21/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40073502
#S21114

INSTRUCCIONES DE PAGO

Nombre de la Compañía: Vicente A. Rodriguez M.D. PA

Hacer un cheque por la cantidad de \$ 150.00
pagadero a: Fla. Dept. of State

Firmar la(s) planilla(s), adjuntar el cheque y enviar por correo.

Llevar al banco con el cupón de depósito. Form Qter

Firmar la(s) planilla(s) y enviar en el sobre adjunto.
(No se requiere hacer pago).

ENVIAR EN (O ANTES DE): 4/28/06 *

ESTA PLANILLA ES EN RELACIÓN A: annual report

Reinaldo L. Azan, C.P.A. Form RLACPA12S (Rev. 01/02)

Mail to:
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500