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Mailing Address

4801 S. UNIVERSITY DRIVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S29149**

1. Corporation Name

Principal Place of Business

4801 S UNIVERSITY DR

MIGUEL J. RODRIGUEZ, P.A.

SUITE 3000 DAVIE FL 33328 US		Suite 3000 Davie Fl 33328			DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed 02/01/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	,	plied For	
21		26			65-0238450		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State			& Florting Compaign Financing	\$5.00	May Bo	
23	5	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intan			
24	25	29	30	-			□No	
		f Current Registered Agent	1	. ,	10. Name and Address of New Registered A	gent		
			8	Name				
RODRIGUEZ, MIGUEL J.				Street Ad	Idress (P.O. Box Number is Not Acceptable)			
	S. UNIVERSITY DRIVE		6	82 Street Address (P.O. Box Number is Not Acceptable)				
	E 3000		8:	3	,			
DAVI	E FL 33328		84	4 City		85 Zip (Code	
				1 '	FL		ĺ	
office or re	egistered agent, or both, in th	607.0502 and 607.1508, Florida Statut ne State of Florida. Such change was a ne obligations of, Section 607.0505, Flo	utnorizea o	y tne corpora	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	nanging its ment as re	registered gistered	
SIGNATURE					Uired when reinstating) DATE			
	Signature, typed or printed name of reg	ERS AND DIRECTORS	13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	DPVS	DELETE	1.1 TITLE			Change	Addition	
NAME	RODRIGUEZ, MIGUEL J		1.2 NAME					
STREET ADDRESS	AGGA O LINEVEDOITY DD CHITE GGGG			ET ADDRESS				
	DAVIE FL	,, 55112 5555	1.4 CITY-		•			
CITY-ST-ZIP TITLE	DIVIETE	☐ DELETE	2.1 TITLE		, (iii - di - di - qui	Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS				ET ADDRESS	•		1	
CITY-ST-ZIP			2. 4 CITY	- 1	المراجعين المراجع المر	دمورد		
TITLE	☐ DELEYE					☐ Change	☐ Addition	
NAME								
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP				
TITLE	☐ DELETE 4.1		4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAM	: I			}	
STREET ADDRESS			4.3 STRE	ET ADDRESS	•		•	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE 5.1 T		5.1 TITLE			Change	Addition	
NAME			52 NAME	:	4			
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-			_		
TITLE		☐ DELETE	6.1 TITLE		·	Change	Addition	
NAME			6.2 NAME				ľ	
STREET ADDRESS			6.3 STRE	ET ADDRESS			ļ	
CITY OT 710			6.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: