


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S68424**  
 1. Entity Name  
 ROBERTO RODRIGUEZ, M.D., P.A.



Principal Place of Business 8000 W. FLAGLER STREET SUITE 206 MIAMI, FL 33144	Mailing Address 8000 W. FLAGLER STREET SUITE 206 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0280045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODRIGUEZ, ROBERTO  
 8000 FLAGLER STREET  
 SUITE 206  
 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RODRIGUEZ, ROBERTO 8000 W. FLAGLER STREET MIAMI, FL
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 05/02/05-80018-014 150.00

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12. 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 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 withal other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/26/05** **(305) 262-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #