


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 050 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S68424

1. Entity Name
ROBERTO RODRIGUEZ, M.D., P.A.



Principal Place of Business
**8660 W. FLAGLER STREET
SUITE 206 111
MIAMI, FL 33144**

Mailing Address
**8660 W. FLAGLER STREET
SUITE 206 111
MIAMI, FL 33144**

2. Principal Place of Business - No P.O. Box
State, Apt. #, etc.
City & State
Zip

3. Mailing Address
State, Apt. #, etc.
City & State
Zip

4. FE Number
65-0280045

5. State with Status Request **\$8.75** Add-on Fee Request

6. Name and Address of Current Registered Agent
**RODRIGUEZ, ROBERTO
8660 W. FLAGLER STREET
SUITE 206 111
MIAMI, FL 33144**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Not Acceptable)
City
State **FL** Zip Code

B. The above named entity will meet its obligation for its purpose of obtaining its registered status in the State of Florida in compliance with and subject to the obligations of applicable law.

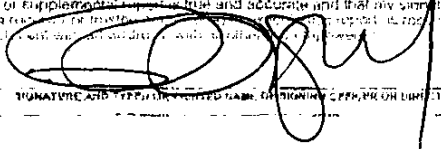
SIGNATURE

**FILE NOW!!! FEE IS \$150.00
After May 31, 2007 Fee will be \$550.00**

Secretary's Report
 Trust Fund Contribution **\$5.00** (Max Fee Added to Fees)

OFFICERS / DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
OFFICER / DIRECTOR	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE	CITY & STATE	CITY & STATE
OFFICER / DIRECTOR	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE	CITY & STATE	CITY & STATE
OFFICER / DIRECTOR	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE	CITY & STATE	CITY & STATE

12. I hereby certify that the information supplied on this form does not qualify for the exemption contained in Subchapter S of the Internal Revenue Code. I further certify that the information indicated on this report of compliance 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 secretary or treasurer of the corporation, and that I am not a partner, member, or proprietor of the corporation.

SIGNATURE:  **4/27/07**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR