

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90087 005 ***150.00

DOCUMENT # S78221

1. Corporation Name

RODRIGUEZ OBSTETRICS AND GYNECOLOGY, P.A.



Principal Place of Business		Mailing Address	
560 VILLAGE BLVD. SUITE 315 WEST PALM BCH FL 33409 US		560 VILLAGE BLVD. SUITE 315 WEST PALM BCH FL 33409 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
09/03/1991	
4. FEI Number	
65-0280231	
Applied For Not Applicable	
5. Certificate of Status Desired	
\$8.75 Additional Fee Required	
6. Election Campaign Financing	
\$5.00 May Be Trust Fund Contribution	
7. This corporation owes the current year Intangible Personal Property Tax.	
X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, FRANK
4201 S DIXIE HWY
WEST PALM BEACH FL 33405

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
FL		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>TITLE D NAME RODRIGUEZ, FRANK STREET ADDRESS 4201 SOUTH DIXIE HWY CITY-ST-ZIP WEST PALM BEACH FL</p> <p><input type="checkbox"/> DELETE</p>		<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p> <p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p> <p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p> <p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p> <p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p> <p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>	
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>			
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>			
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>			
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>			
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>			

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 receiver 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 561-686-3666

Date

Daytime Phone #

CR2E034 (11/98)