

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V11019** (9)
1. Corporation Name
PEDRO J. RODRIGUEZ, M.D., P.A.

Principal Place of Business Mailing Address
1395 N. COURTENAY PARKWAY SUITE 203 MERRITT ISLAND FL 32952 US **2400 N. COURTENAY PARKWAY SUITE 203 MERRITT ISLAND FL 32952 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1992** 3a. Date of Last Report **03/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2400 N. Courtenay Pkwy** 26 **2400 N. Courtenay Pkwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 203** 27 **Suite 203**
City & State City & State
23 **Merritt Island, FL** 28 **Merritt Island, FL**
Zip Country Zip Country
24 **32953** 25 **US** 29 **32953** 30 **US**

9. Name and Address of Current Registered Agent
**PRICE, PAMELA O.
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801**

10. Name and Address of Now Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P
NAME	RODRIGUEZ, PEDRO J.	1.2 NAME	Rodriguez Pedro J.
STREET ADDRESS	1395 COURTENAY PARKWAY	1.3 STREET ADDRESS	2400 N. Courtenay Pkwy
CITY- ST- ZIP	MERRITT ISLAND FL	1.4 CITY- ST- ZIP	Merritt Island, FL 32953
TITLE	D	2.1 TITLE	V
NAME	RODRIGUEZ, PEDRO J.	2.2 NAME	Sigfredo Acosta-Perez MD
STREET ADDRESS	1395 COURTENAY PARKWAY	2.3 STREET ADDRESS	2400 N. Courtenay Pkwy
CITY- ST- ZIP	MERRITT ISLAND FL	2.4 CITY- ST- ZIP	Merritt Island, FL 32953
TITLE		3.1 TITLE	T/S
NAME		3.2 NAME	Mateos, Yolanda
STREET ADDRESS		3.3 STREET ADDRESS	2400 N. Courtenay Pkwy
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Merritt Island, FL 32953
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its successor or have the same legal effect as if made under oath; and that my registration shall have the same legal effect as if made under oath; and that my registration shall have the same legal effect as if made under oath; and that my registration shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR