

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V11019 (9)**

1. Corporation Name  
**PEDRO J. RODRIGUEZ, M.D., P.A.**



Principal Place of Business: **2400 N. COURTENAY PKWY SUITE 203 MERRITT ISLAND FL 32953 US**  
Mailing Address: **2400 N. COURTENAY PKWY SUITE 203 MERRITT ISLAND FL 32953 US**

3. Date Incorporated or Qualified: **01/28/1992**  
3a. Date of Last Report: **03/02/1995**  
4. FEI Number: **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: **21 1395 N. Courtenay Pkwy**  
Suite, Apt. #, etc.: **22 #100**  
City & State: **23 Merritt Island, Fl.**  
Zip: **24 32953** Country: **25 US**  
2a. Mailing Address: **26 1395 N. Courtenay Pkwy**  
Suite, Apt. #, etc.: **27 #100**  
City & State: **28 Merritt Island, Fl.**  
Zip: **29 32953** Country: **30 US**

**9. Name and Address of Current Registered Agent**

**KANCILIA, JOHN R  
516 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

**10. Name and Address of New Registered Agent**

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

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 the applicant

NOTE: Registered Agent signature required when re-registering

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, PEDRO J.</b>	
STREET ADDRESS	<b>2400 N. COURTENAY PKWY</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ACOSTA-PEREZ, SIGFREDO</b>	
STREET ADDRESS	<b>2400 N. COURTENAY PKWY</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE
NAME	<b>MATEOS, YOLANDA</b>	
STREET ADDRESS	<b>2400 N. COURTENAY PKWY</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Pedro Rodriguez</b>
1.3 STREET ADDRESS	<b>1395 N. Courtenay Pkwy #100</b>
1.4 CITY-ST-ZIP	<b>Merritt Island FL 32953</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sigfredo Acosta Perez</b>
2.3 STREET ADDRESS	<b>1395 N. Courtenay Pkwy #100</b>
2.4 CITY-ST-ZIP	<b>Merritt Island, Fl. 32953</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Yolanda Mateos</b>
3.3 STREET ADDRESS	<b>1395 N. Courtenay Pkwy #100</b>
3.4 CITY-ST-ZIP	<b>Merritt Island, Fl. 32953</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address

SIGNATURE: *[Signature]* Secretary

2/22/96

407.452.3920

CR2E034 (12/95)