


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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V71221 (8)

1. Corporation Name
JAIME J. RODRIGUEZ, M.D. P.A.

Principal Place of Business 4460 SHERIDAN ST. HOLLYWOOD FL	Mailing Address 4460 SHERIDAN ST. HOLLYWOOD FL
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12251 TAFT ST #301	Suite, Apt. #, etc.	26 12251 TAFT ST #301	Suite, Apt. #, etc.	10/15/1992	
22 Pembroke Pines, FL	City & State	27 Pembroke Pines, FL	City & State	4. FEI Number	
23 33026	Zip	28 33026	Zip	65-0363303	
24 BROWARD	Country	29 BROWARD	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RORDRIGUEZ, JAIME J.
 4460 SHERIDAN ST.
 HOLLYWOOD FL

10. Name and Address of New Registered Agent

81 Name	RODRIGUEZ, JAIME J.
82 Street Address (P.O. Box Number is Not Acceptable)	12251 TAFT ST #301
83 City	Pembroke Pines, FL
84 State	FL
85 Zip Code	33026

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JAIME J.	
STREET ADDRESS	4460 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12251 TAFT ST Suite 301
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026

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.

SIGNATURE: *Jaime J. Rodriguez* **REQUIRED** 1/9/98 954.704-9499

CR2E034 (10/97)