

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000079643

**Entity Name:** VICENTE RODRIGUEZ, M.D., P.A.

**Current Principal Place of Business:**

8200 SW 117TH AVENUE  
300  
MIAMI, FL 33183

**Current Mailing Address:**

15590 SW 26TH TERRACE  
MIAMI, FL 33185 US

**FEI Number:** 65-0781819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, VICENTE M.D.  
15590 S.W. 26 TER  
MIAMI, FL 33185 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DP	Title	ST
Name	RODRIGUEZ, VICENTE M.D.	Name	HERNANDEZ, TERESITA JM.D.
Address	15590 S.W. 26 TER	Address	15590 S.W. 26 TER
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICENTE RODRIGUEZ

MGR

04/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date