

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000026613

**Entity Name:** HECTOR S. RODRIGUEZ MEDICAL GROUP INC.

**Current Principal Place of Business:**

4011 WEST FLAGLER ST  
SUITE 204  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4011 WEST FLAGLER ST  
SUITE 204  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0824807

**Certificate of Status Desired:** No

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

RODRIGUEZ, HECTOR S MD  
4011 WEST FLAGLER ST  
SUITE 204  
CORAL GABLES, FL 33134 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:** HECTOR S RODRIGUEZ MD

02/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name RODRIGUEZ, HECTOR S MD  
Address 4011 WEST FLAGLER ST  
SUITE 204  
City-State-Zip: CORAL GABLES FL 33134

*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:** HECTOR S. RODRIGUEZ MD

PRESIDENT

02/09/2021

Electronic Signature of Signing Officer/Director Detail

Date