

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V71221

**Entity Name:** JAIME J. RODRIGUEZ, M.D., INC.

**Current Principal Place of Business:**

2235 NORTH COMMERCE PARKWAY  
BUILDING 5, SUITE 2  
WESTON, FL 33326

**Current Mailing Address:**

1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 US

**FEI Number:** 65-0363303

**Certificate of Status Desired:** No

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

MARTUS, JAY A  
1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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 VP  
Name RODRIGUEZ, JAIME J  
Address 2235 NORTH COMMERCE PKWY,  
BLDG 5, SUITE 2  
City-State-Zip: WESTON FL 33328

Title CEOD  
Name CARLYLE, JOHN  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name MARCUS, JILLIAN  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name COWARD, ROBERT  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title EVPS  
Name MARTUS, JAY A  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

*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:** JAY MARTUS

EVP

04/01/2013

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

\_\_\_\_\_  
Date