

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-25-2005 90052 010 ***150.00

DOCUMENT # 574484 1. Entity Name Herbert L. Rothman, M.D.	
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DO NOT WRITE IN THIS SPACE

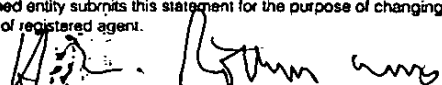
2. Principal Place of Business 4300 Alton Road Suite, Apt. #, etc. Suite 355 Warner Bldg City & State Miami Beach FL Zip 33140 Country	3. Mailing Address 4300 Alton Road Suite, Apt. #, etc. Suite 355 Warner Bldg City & State Miami Beach FL Zip 33140 Country
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4. FEI Number 59-1821910	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

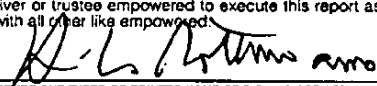
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 2/22/05

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rothman, Herbert, M.D. 3833 Pine Lake Drive Weston, FL 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/20/05 (305) 538-0339 Daytime Phone #

CR2E034B (12/02)