

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G49156 (4)**

1. Corporation Name
BARRON, BARRON & ROTH, M.D., P.A.



Principal Place of Business: % STEPHEN ROTH, M.D. 4700-F SHERIDAN STREET HOLLYWOOD FL 33021-3482
Mailing Address: % STEPHEN ROTH, M.D. 4700-F SHERIDAN STREET HOLLYWOOD FL 33021-3482

2. Principal Place of Business: 21 2700 Colorado Ave. Suite, Apt. #, etc. 22 City & State: 23 Santa Monica 24 Zip: 90404 25 Country
2a. Mailing Address: 26 2700 Colorado Ave. Suite, Apt. #, etc. 27 City & State: 28 Santa Monica 29 Zip: 90404 30 Country

3. Date Incorporated or Qualified: 07/01/1983 3a. Date of Last Report: 08/08/1995
4. FEI Number: 59-2347764 Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent: ROTH, STEPHEN, M.D. 4700-F SHERIDAN STREET HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent: 81 Name: C T Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road 83 City: Plantation FL 84 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0509 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: *D. F. Hickey* D. F. Hickey, Asst. Secretary 4-2-96

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, EARL, M.D.	
STREET ADDRESS	4700-F SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, HOWARD, M.D.	
STREET ADDRESS	4700-F SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, STEPHEN, M.D.	
STREET ADDRESS	4700-F SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P Michael H. Focht, Sr.
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S/D Scott M. Brown
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP Milton E. McKay
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AS Richard B. Silver
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	T Maris Andersons
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	700001771884
63 STREET ADDRESS	-04/08/96--01024--033
64 CITY-ST-ZIP	***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Scott M. Brown* Scott M. Brown 4/1/96 310/998-8427

CR2E034 (12/95)