


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000170816					
1. Entity Name ROTH EYE CARE, P.A.					
Principal Place of Business 136 NE 2 AVENUE MIAMI, FL 33132			Mailing Address 136 NE 2 AVENUE MIAMI, FL 33132		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTH, DAVID M OD		NAME		
STREET ADDRESS	136 NE 2 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, ELYSE		NAME		
STREET ADDRESS	136 NE 2 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Dr. David ROTH</u>			Date: <u>4/21/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2046270** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

00000533388
05/08/06-80094-016 150.00