

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90016 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000007639

1. Corporation Name
DR. NICOLE A. ROTHMAN, P.A.



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|--|--|
| Principal Place of Business 410 ASBURY WAY BOYNTON BEACH FL 33426 | Mailing Address 410 ASBURY WAY BOYNTON BEACH FL 33426 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|--------------------------|--|---|---|
| 2. Principal Place of Business 21 1871 Woolbright Road | | 2a. Mailing Address 28 1871 W. Woolbright Rd | 4. FEI Number 65-0809030 | Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State Boynton Beach, FL | | 28 City & State Boynton Beach, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Zip 33426 | 25 Country USA | 29 Zip 33426 | 30 Country USA | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|---|--|---|-----------------------|-----------------------------|
| 9. Name and Address of Current Registered Agent ROTHMAN, NICOLE A 410 ASBURY WAY BOYNTON BEACH FL 33426 | | 10. Name and Address of New Registered Agent | | |
| | | 81 Name Nicole A. Rothman-Travis, DC. | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 11211 S. Military Trail | | |
| | | 83 Apt. # 3713 | | |
| | | 84 City Boynton Beach | 85 State FL | 86 Zip Code 33426 |

11. Pursuant to the provisions of Sections 607.0502 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: *[Signature]* DATE: **3-16-99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE President | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Dr. Nicole Rothman | | 1.2 NAME | |
| STREET ADDRESS Dr. Nicole Rothman | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP Boynton Beach 11211 S. Military Trail #3713 FL 33426 | | 1.4 CITY-ST-ZIP | |
| TITLE V. Pres | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Dr. Nicole Rothman | | 2.2 NAME | |
| STREET ADDRESS see above address | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE Secretary | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Dr. Nicole Rothman | | 3.2 NAME | |
| STREET ADDRESS see above address | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE Treasurer | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Dr. Nicole Rothman | | 4.2 NAME | |
| STREET ADDRESS see above address | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 certified or on an attachment with an address, with a I other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day(s) & Phone # _____