FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 455076

(0)

HERBERT ROSE, M.D., P.A.

FILED Mar 10 1998 8:00am Secretary of State

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Principal Place	of Punipose	Mailing Add	TOPP				- L HADRIT MIANT ATHRE ATTICE NOTIT BROTA NITE AT		JUN 01011 11	.E16 01011 (001
	E MORRIS BLVD. ACH FL 32114		713 N. CLYDE MORRIS BLYD. DAYTONA BEACH FL 32114							
DATIONA DE	NON FE 92114	DATIONA	DEMON FL DETT	•			DO NOT WRITE IN 1	'HIS SI	PACE	
							3. Date Incorporated or Qualified 06/20/1974			
Dringing Di	ace of Business	Lo- Mailing (ddiare				4. FEI Number		T	Applied For
	ace of business	}:—1	2a. Mailing Address				59-1543404			lot Applicable
Suite, Apt	# otc	Suite, Ar	t # otc							Additional
	#, etc.	<u>-</u>	n. #, etc.				5. Certificate of Status Desired	l		Required
City & State	3	27 City & St	ate	_		-	A. Florian Commiss Financias) May Be
— ·	J	} = :	eno.				6. Election Campaign Financing Trust Fund Contribution	ì	4	May Be
Z ip	Country	28 Zip		Countr	7 \(710011011011011111111111111111111111111			
	<u>⊢</u> '	}·~-q `	3	- ¬	,		 This corporation owes or has paid the Personal Property Tax due June 30. 			No
24	25 g. Name and Address of Curr	29		<u> </u>		 ,	10. Name and Address of New Regist		,	
- DA		Will Hogistored Age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8	1 1	Name	10. Italia and reduces of their tropies	0,007	B 43.11	
	SE, HERBERT, MD, PA			L	Ί.					
	N CLYDE MORRIS BLVD	_		82	2 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			·
DA	YTONA BEACH FL 32114-860	ড		<u>-</u>	_					
				83	3					
				84	4 (City			85 Zip	Code
						-		FL		
office or re agent. I ar	ogistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Horida, Such o ligations of, Section	:hange was au 607.0505, Flori	thorized to da Statute	oy thes.	he corporation	oration submits this statement for the purp- on's board of directors. I hereby accept th	appo	intment a	s registered
SIGNATURE	Signature, typical or profest cause of registered	annot and little it sends all la	(NOTE I	Annistered A	neni s	signature require	d when reinstating)	ATE		
12.		ND DIRECTORS	(14(2))	13.	you c	algitatore require	ADDITIONS/CHANGES TO OFFICERS		DIBECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE		1	ACCITIONO/OTENIOLO TO OTTIOLIN		Change	
NAME	Rose, Herbert	-		1.2 NAME					_ ,	
	713 N CLYDE MORRIS BLY	νħ		1.3 STRE		ADDICEC				
STREET ADDRESS	DAYTONA BCH FL	••								
CITY-\$1-ZIP	DATIONA BOTTLE	-	DELETE	1.4 CITY		ZIP .	·		Change	Addition
TITLE		L	_ bereit	2.1 TITLE				•	Oriente	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREI		1				
CITY-ST-ZIP			T BOURTS	2.4 CITY		ZIP			Obasse.	1 2 4 4 1 1 2 -
TITLE		L	DELETE	3.1 TITLE				i	Change	Addition
NAME				3.2 NAM6	£		•			İ
STREET ADDRESS				3.3 STRE	ET AD	ODRESS				
CITY - ST - ZIP				3.4. CITY	- ST-	ZIP				
TITLE			DELETE	4.1 TITLE				[Change	Addition
NAME				4. 2 NAM	1E					
STREET ADDRESS				4.3 STRE	ET AD	DORESS				
CITY-ST-ZIP				4.4 CITY	-51-7	ZIP				
TITLE		Ţ	DELETE	5.1 TITLE	:				Change	Addition
NAME				5.2 NAME	Ε					• 1
STREET ADDRESS				5.3 STRE	ET AD	ODRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE		Т	DELETE	6.1 TITLE					Change	Addition
NAME		-	—···· ·	6.2 NAMI						- "
				63 STRE		nnacce				
STREET ADDRESS										•
CITY-ST-ZIP	portify that the information prevelor	N with this films dose	not qualify for	6.4 CITY	-31-	on stated in 6	Section 119.07(3)(i), Florida Statutes. I furt	er cer	tify that th	ne information
14, inereby o	жилу тасте иноглацоп виррнес	a with this filled noor	their quality for	HID BYRIL	puo	TO STRICE OF IT	Decision Training, Cionda Statules, Trutt	POI COL	my priest to	io anomation

4. 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 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.

CICAIATHDE.

Leven And wit

2/15/08 004-252-5275

CR2E034 (10/97)