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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:03

**DOCUMENT # 479330 (3)**

1. Corporation Name  
**ROSENBAUM, LARRY, M. D., P. A.**

Principal Place of Business: **3201 NORTH 74TH AVE HOLLYWOOD FL 33024**  
Mailing Address: **3201 NORTH 74TH AVE HOLLYWOOD FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/20/1975</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1608133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$9.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <input type="checkbox"/>	26. <input type="checkbox"/>
22. <input type="checkbox"/>	27. <input type="checkbox"/>
23. <input type="checkbox"/>	28. <input type="checkbox"/>
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent <b>RAPPAPORT, MARTIN R. 4300 N UNIVERSITY DR STE B-200 LAUDERHILL FL 33351</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. <input type="checkbox"/>
	84. City
	85. Zip Code <b>FL</b>

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, Title, and printed name of registered agent and filer (operator))

(Signature, Title, and printed name of registered agent (operator))

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBAUM, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>3201 NORTH 74TH AVE</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY ST ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERVIN, STEPHEN X.</b>	2.2 NAME	
STREET ADDRESS	<b>3201 NORTH 74TH AVE</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY ST ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUILIANTI, DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>3201 NORTH 74TH AVE</b>	3.3 STREET ADDRESS	
CITY ST ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		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		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 is voluntarily furnished and I 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. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Larry Rosenbaum*  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**LARRY ROSENBAUM MD 3/28/95**

**305-962-2430**  
(Telephone Number)