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Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 584959 (1)
1. Corporation Name
DAMUS, ECKER, ROSENTHAL & MARSHALL, M.D., P.A.



Principal Place of Business Mailing Address
C/O MERCY HOSPITAL EMERG. ROOM C/O MERCY HOSPITAL EMERG. ROOM
3663 SOUTH MIAMI AVENUE 3663 SOUTH MIAMI AVENUE
MIAMI FL 33133 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
10/01/1978		59-1847638	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing		Trust Fund Contribution	
<input type="checkbox"/>		<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSENTHAL, JUDITH L ESO
6521 S.W. 100TH STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MARSHALL, JOHN DUNCAN	1.2 NAME	
STREET ADDRESS	4530 NW 23RD TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	SDT	2.1 TITLE	
NAME	ROSENTHAL, KENNETH PETER	2.2 NAME	
STREET ADDRESS	6521 S.W. 100TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(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.

SIGNATURE

KENNETH ROSENTHAL

3/24/98 (305) 111-2801

CR2E034 (10/97)