

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600263 (8)

1. Corporation Name

ADAMS, ROSENTHAL AND COHEN, P.A.



Principal Place of Business

3341 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address

3341 JOHNSON STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

01/11/1967

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, CHARLES B JR.,
3341 JOHNSON ST
HOLLYWOOD FL 33021

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, Florida Statutes.

SIGNATURE:

Charles B. Adams Jr.

Charles B. Adams Jr. M.D.

4/30/96

Signature typed or printed name of registered agent, together with date of appointment.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	ADAMS, CHARLES JR.,	
STREET ADDRESS	3341 JOHNSON ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VD	☐ DELETE
NAME	COHEN, MURRAY N	
STREET ADDRESS	3341 JOHNSON ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	STD	☐ DELETE
NAME	ROSENTHAL, ALFRED R	
STREET ADDRESS	3341 JOHNSON ST	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed or corrected. Attached is my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles B. Adams Jr. M.D.

4/30/96 954 9890990

CR2E034 (12/95)