FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 10 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600854 (4)

1. Corporation Name

MARTIN ROSENTHAL, M.D., PROFESSIONAL ASSOCIATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3661 S MIAMI AVE ROOM 407 MIAMI FL 33133-4269	3661 S MIAMI AVE ROOM 407 MIAMI FL 33133-4269

See attached

3. Date Incorporated or Qualified: 02/27/1969

3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21):

2a. Mailing Address (26):

4. FEI Number: 59-1232593 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23):

City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENTHAL, MARTIN 3661 SOUTH MIAMI AVE. MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1172 South Dixie Highway, #412 84 City: Coral Gables FL 85 Zip Code: 33146

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: Martin Rosenthal President 1/14/95

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	☐ Change ☐ Addition
NAME	ROSENTHAL,MARTIN	1.2 NAME	
STREET ADDRESS	3661 S MIAMI AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN,DAVID	2.2 NAME	
STREET ADDRESS	3661 S MIAMI AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAVERMAN, LEO	3.2 NAME	
STREET ADDRESS	3281 SW 16ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martin Rosenthal MD 1/14/95 305/854-5890

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Martin Rosenthal, President

0136046 CP

600854

MARTIN ROSENTHAL, M.D., P.A.
SUITE 407 · MERCY PROFESSIONAL BUILDING
3661 SOUTH MIAMI AVENUE
MIAMI, FLORIDA 33133

TELEPHONE (305) 854-5870

CHANGE OF ADDRESS effectively immediately:

NEW MAILING ADDRESS:

Martin Rosenthal, M.D. Professional Corporation
1172 South Dixie Highway, Suite 412
Coral Gables, Florida 33146

OLD ADDRESS:

3661 South Miami Avenue, #407
Miami, Florida 33133

My telephone number remains the same:

305: 854 5870