**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 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **602082** **(0)**

1. Corporation Name
**IRA ROTHFIELD, D.D.S., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6099 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33024-7935 | 6099 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33024-7935 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1970
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 4601 HOLLYWOOD BLVD
22: Suite, Apt. #, etc.
23: City & State: HOLLYWOOD, FL
24: Zip: 33021- 25: County: BROWARD

2a. Mailing Address
26: 4601 HOLLYWOOD BLVD
27: Suite, Apt. #, etc.
28: City & State: HOLLYWOOD, FL
29: Zip: 33021- 30: County: BROWARD

4. FEI Number: 59-1293330 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under $ 100,000, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROTHFIELD,IRA
6099 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4601 HOLLYWOOD BLVD.
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: ROTHFIELD, IRA — Ira Rothfield MD — 3/15/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ROTHFIELD, IRA | 12 NAME | | |
| STREET ADDRESS | 6099 HOLLYWOOD BLVD | 13 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 14 CITY ST ZIP | | |
| TITLE | S | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | ROTHFIELD, WENDY | 22 NAME | | |
| STREET ADDRESS | 6099 HOLLYWOOD BLVD | 23 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 24 CITY ST ZIP | | |
| TITLE | T | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ROTHFIELD, ELIZABETH | 32 NAME | | |
| STREET ADDRESS | 6099 HOLLYWOOD BLVD | 33 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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)(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 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:** Ira Rothfield MD — IRA ROTHFIELD — 3/13/95 — 305-989-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0098484 CP