

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **603529** (9)

1. Corporation Name  
**ROSENTHAL & KANE, M.D., P.A.**

Principal Place of Business Mailing Address  
~~3700 NW 167TH ST -~~ ~~9700 NW 167TH ST -~~  
~~OPA LOGKA FL 33064-6221~~ ~~OPA LOGKA FL 33064-6221~~  
~~US~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1972** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1398951** 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 S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **100 NW 170 Street** 26 **100 NW 170 Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 203** 27 **Suite 203**  
City & State City & State  
23 **North Miami Beach, FL** 28 **North Miami Beach, FL**  
Zip Country Zip Country  
24 **33169-5510** 25 **USA** 29 **33169-5510** 30 **USA**

9. Name and Address of Current Registered Agent  
**CHARLES J. KANE, ESQ.**  
**301 YAMATO ROAD**  
**STE. 3160**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>ROSENTHAL, STANLEY D</b>
STREET ADDRESS	<del>3700 N.W. 167TH ST.</del>
CITY ST ZIP	<del>OPA LOGKA FL</del>
TITLE	<b>VPD</b>
NAME	<b>KANE, MURRAY L</b>
STREET ADDRESS	<del>3700 N.W. 167TH ST.</del>
CITY ST ZIP	<del>OPA LOGKA FL</del>
TITLE	<b>S</b>
NAME	<b>GRAND'BOIS LILIANE</b>
STREET ADDRESS	<del>3700 NW 167 ST</del>
CITY ST ZIP	<del>OPA LOGKA FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>100 NW 170 Street, Suite 203</b>
1.4 CITY ST ZIP	<b>North Miami Beach, FL 33169-5510</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>100 NW 170 Street, Suite 203</b>
2.4 CITY ST ZIP	<b>North Miami Beach, FL 33169-5510</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>100 NW 170 Street, Suite 203</b>
3.4 CITY ST ZIP	<b>North Miami Beach, FL 33169-5510</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 in the state that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MURRAY L. KANE M.D.**