

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90007 035 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 603529
 1. Corporation Name
 ROSENTHAL & KANE, M.D., P.A.



Principal Place of Business: 100 NW 170 STREET, SUITE 203, NORTH MIAMI BEACH FL 33169-5510 US

Mailing Address: 100 NW 170 STREET, SUITE 203, NORTH MIAMI BEACH FL 33169-5510 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4601 Sheridan Street, Suite 400, Hollywood FL 33021 USA

2a. Mailing Address: 4601 Sheridan Street, Suite 400, Hollywood FL 33021 USA

3. Date Incorporated or Qualified: 05/19/1972

4. FEI Number: 59-1398951

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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: CHARLES J. KANE, ESQ., 307 YAMATO ROAD, STE. 3160, BOCA RATON FL 33431

10. Name and Address of New Registered Agent: DAN KUSHNER, GERTSON PRESTON & CO. PA., 90 STATEHOUSE SQUARE, 666 71st, MIAMI BEACH, FL 33141, ZIP CODE 06103

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, of 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]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: ROSENTHAL, STANLEY D	STREET ADDRESS: 100 NW 170 STREET SUITE 203	CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE: VPD	NAME: KANE, MURRAY L	STREET ADDRESS: 188 NW 170 STREET SUITE 203	CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE: S	NAME: GRAND BOIS, LILIANE	STREET ADDRESS: 100 NW 170 STREET SUITE 203	CITY-ST-ZIP: NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DP	1.2 NAME: Philip Levin MD	1.3 STREET ADDRESS: 16100 Via Monteverde	1.4 CITY-ST-ZIP: Delray Beach FL 33446-2365	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: DST	2.2 NAME: Peter Shulman MD	2.3 STREET ADDRESS: 3237 S Port Royal Dr #G	2.4 CITY-ST-ZIP: FT Lauderdale FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	3.2 NAME:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: _____ DAYTIME PHONE #: (954) 967-6400

CR2E034 (5/99)