08161999-90007-035-$550.00-$550.00

99.

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 4601 Sheridan Street
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Hollywood FL
Zip 24 33021
Country 25 USA

2a. Mailing Address
26 4601 Sheridan Street
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Hollywood FL
Zip 29 33021
Country 30 USA

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 owes the current year Intangible Personal Property. ☐ Yes ☑ No

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
81 Name: ~~Paul Hughes~~ DAN Kushner Gerson Preston & Co. PA
82 Street Address (P.O. Box Number is Not Acceptable): ~~90 Statehouse Square~~ 666 71st.
83
84 City: ~~Hartford CT~~ Miami Beach, FL 33141 — FL
85 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, 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	~~ROSENTHAL,STANLEY D~~	
STREET ADDRESS	~~100 NW 170 STREET SUITE 203~~	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	
TITLE	VPD	☐ DELETE
NAME	~~KANE,MURRAY L~~	
STREET ADDRESS	~~100 NW 170 STREET SUITE 203~~	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	
TITLE	S	☐ DELETE
NAME	~~GRAND'BOIS LILIANE~~	
STREET ADDRESS	~~100 NW 170 STREET SUITE 203~~	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	Philip Levin MD	
1.3 STREET ADDRESS	16100 Via Monteverde	
1.4 CITY-ST-ZIP	Delray Beach FL 33446-2365	
2.1 TITLE	DST	☐ Change ☐ Addition
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	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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 REQUIRED — Date — (954) 967-6400 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR