


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 603529 1. Entity Name ROSENTHAL & KANE, M.D., P.A.	
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Principal Place of Business 100 NW 170 ST #203 MIAMI, FL 33169 US	Mailing Address 4620 N STATE RD 7 BLDG. H, SUITE 316 LAUDERDALE LAKES, FL 33319 US
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DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1398951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GERSON, PRESTON, ROBINSON, INC.
666 71ST ST
MIAMI, FL 33141

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENTHAL, STANLEY D 100 NW 170 STREET SUITE 203 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KANE, MURRAY L 100 NW 170 STREET SUITE 203 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/04-90022-018 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Shannon 4/23/04 954-945-7325

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

Annette Shannon