FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Busicess



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 605150

OCUMENT # 605150
Segment on Name
SAMUEL G. ROSENTHAL, M.D., P.A.

(2)

Mailing Address

FILED Feb 26 1997 8:00am Secretary of State



ROSENTHAL, SAMUEL G. 12 NAME 3590-403 UNIVERSITY BLVD S. 13 SIREET ADDRESS 14 CITY. ST. ZIP	3590-403 UNIVERSITY BLVD. S. JACKSONVILLE FL 32218		3599-403 UNIVERSITY BLVD. S. JACKSONVILLE FL 32218-4254							
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Companies Comp	21						59-1526070			
28	1	#, ek:	<u></u> ∮				5. Certificate of Status Desired			
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SIGNATURE POST CENTS AND DIFFECTORS IN 12 12 12 11 11 11 11 11				8	I Na	me				
11. Pursuant to the prevalence of Sections GOY 00.02 and 1007 IAOS, Founda Statutes, the above named corporation submits this statement for the purpose of changing its registere of decree or rejectors of part or lists, in the State of Founda. Statutes the corporation's board of directors. Thereby accept the appointment is registered education and countries with a control the change of state of the corporation's board of directors. Thereby accept the appointment is registered education and countries of Section 607 GOS, Floridae Agent agree along above residency. 12.			оитн			eet Addres	ss (P.O. Box Number is Not Acceptat	ole)		
THE PASS AND DIRECTORS 120 MINERSITY BLVD S. SIGH AT LITE ***ROSENTHAL SAMUEL G. 3599-403 UNIVERSITY BLVD S. SIGHEL ADDRESS SIGHEL ADDRES				8	3					
office or registrary a signal or hoth, in the State of Floods. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent accept the chipspanes of chip				8	4 Ci1	y		FL	85 Zip	Code
12.	office or n agent. Lai SIGNATURE	egisterco agont or both, in the S in familiar with, and accept the c	State of Florida Such change was ibligations of Section 607.0505. F	authorized I Iorida Statut	oy the es.	corporatio	n's board of directors. Thereby acce	pt the appoi	ntment as	registered
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14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if clarified, or on an attachagen with an address.

SIGNATURE: >

INAJURU AND TYPE O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/91 904 399-82 S