

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001242

FILED
Apr 13, 2012
Secretary of State

Entity Name: ROTHMAN HEALTHCARE CORPORATION

Current Principal Place of Business:

ONE POLK ST UNIT 802
SAN FRANCISCO, CA 94102

New Principal Place of Business:

5019 KESTRAL PARK DR.
SARASOTA, FL 34231

Current Mailing Address:

ONE POLK ST UNIT 802
SAN FRANCISCO, CA 94102

New Mailing Address:

2637 E. ATLANTIC BLVD., #18328
POMPANO BEACH, FL 33062

FEI Number: 27-3288570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: ROTHMAN, MICHAEL
Address: 6 TOWER RD
City-St-Zip: HOPEWELL JUNCTION, NY 12533

Title: D
Name: FINLAY, DUNCAN
Address: 8632 DUNMORE DR
City-St-Zip: SARASOTA, FL 34231

Title: D
Name: ALMASI, GEORGE
Address: 15 THE TERRACE
City-St-Zip: KATONAH, NY 10536

Title: D
Name: ROTHMAN, STEVEN
Address: 5019 KESTRAL PARK DR
City-St-Zip: SARASOTA, FL 34231

Title: S
Name: WOLFE, ARIANE
Address: 1229 KAINS AVE.
City-St-Zip: BERKELEY, CA 94706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARIANE WOLFE

S

04/13/2012

Electronic Signature of Signing Officer or Director

Date