

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F39270** (6)

1. Corporation Name
MICHAEL S. ROTH, M.D., P.A.



Principal Place of Business 16800 NW SECOND AVENUE #601 MIAMI FL 33169-5500 US	Mailing Address 16800 NW SECOND AVENUE #601 MIAMI FL 33169-5500 US
--	--

3. Date Incorporated or Qualified 06/03/1981	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2098538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 100 NW 170th Street Suite, Apt. #, etc. 22 # 303 City & State 23 Miami, FL. Zip 24 33169-5511	2a. Mailing Address 26 2545 NE. 206th Lane Suite, Apt. #, etc. 27 — City & State 28 Miami, FL. Zip 29 33180-1344	Country 25 USA	Country 30 USA
--	---	--------------------------	--------------------------

9. Name and Address of Current Registered Agent

**KLEIN, MITCHELL D
621 E HALLANDALE BCH BLVD
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name Klein, Mitchell D.
82 Street Address (P.O. Box Number is Not Acceptable) 1120 E. Hallandale Beach Blvd.
83
84 City Hallandale
85 Zip Code FL 33009

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTH, MICHAEL S		1.2 NAME Roth, Michael S.	
STREET ADDRESS 16800 NW 2ND AVE. #601		1.3 STREET ADDRESS 100 NW 170th Street, #303	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33169-5511	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:  **Michael S. Roth, M.D., P.A.** 4-7-97 651-4590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)