

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46038

2. Entity Name

LEON ROTH, M.D., P.A.

Principal Place of Business

2500 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

Mailing Address

2500 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2119995

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEON
3800 S OCEAN DR
HOLLYWOOD FL 33019Name
LEON ROTH, M.D.
Street Address (P.O. Box Number is Not Acceptable)2500 E. HALLANDALE BEACH BLVD
City HALLANDALE BEACH FL Zip Code 33009

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.

SIGNATURE LEON ROTH M.D. P.A.

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

7/13/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	ROTH, LEON	3800 S OCEAN DR	HOLLYWOOD FL	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	LEON ROTH M.D.	2500 E. HALLANDALE BEACH BLVD	HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/>
SECRETARY	FLORENCE L. ROTH	2500 E. HALLANDALE BEACH BLVD	HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON ROTH M.D. PRES.

Date

Daytime Phone #

7/13/01 954-455-2385

CR2E034 (5/01)

6818100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 2:32

210209



DO NOT WRITE IN THIS SPACE

Attachment 975009

PLS DO NOT DETACH -2-

DIPLOMATE
INTERNAL MEDICINE

LEON ROTH, M.D., P.A. #F46038

September 10, 2001

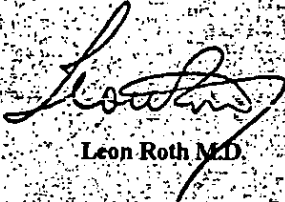
Re: 2001 Uniform Bs Report

Dear Sir,

Please be advised that I did not receive the form in the beginning of the year. This is the only form I received. Please give this consideration to me at this time as I have been filing for the past 20 years.

Enclosed is a check for \$150.00, perhaps you will make an exception this time without paying the penalty.

Sincerely,



Leon Roth M.D.