

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F57174** (7)

1. Corporation Name
ROSENFELD AND SPITZER, M.D.'S, P.A.



Principal Place of Business: **85 N.W. 168TH ST., SUITE D NORTH MIAMI BEACH FL 33169**
Mailing Address: **85 N.W. 168TH ST., SUITE D NORTH MIAMI BEACH FL 33169**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/04/1981	3a. Date of Last Report 03/14/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2006340	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSENFELD, MITCHELL B.
85 NW 168TH STREET
SUITE D
NORTH MIAMI BEACH FL 33169**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place named, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DVS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SPITZER, ROGER D	2. NAME	
3. STREET ADDRESS	85 NW 168TH STR S-D	3. STREET ADDRESS	
4. CITY, ST., ZIP	NO MIAMI BCH FL	4. CITY, ST., ZIP	
5. TITLE	DPT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ROSENFELD, MITCHELL B	6. NAME	
7. STREET ADDRESS	85 N.W. 168TH ST., S-D	7. STREET ADDRESS	
8. CITY, ST., ZIP	N MIAMI BCH, FL 0	8. CITY, ST., ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST., ZIP		16. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee or person 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: *Mitchell Rosenfeld* M.D. 1/17/96 (305) 651-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)