

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G53863

(8)

1. Corporation Name

HERBERT ROFFMAN, M.D., P.A.

Principal Place of Business

% HERBERT ROFFMAN, M.D.
1851 HAWTHORNE ST.
SARASOTA FL 34239 42

Mailing Address

% HERBERT ROFFMAN, M.D.
1851 HAWTHORNE ST.
SARASOTA FL 34239 42

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1983

4. FEI Number

59-2309160

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 1200 NORTH PORT DR

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

24 Zip

34242

25 Country

USA

2a. Mailing Address

26 1200 NORTH PORT DR

Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

29 Zip

34242

30 Country

USA

9. Name and Address of Current Registered Agent

ROFFMAN, HERBERT, M.D.
1851 HAWTHORNE ST.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name HERBERT ROFFMAN M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
1200 NORTH PORT DR
83
84 City SARASOTA FL 85 Zip Code 34242

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 Herbert R. Roffman

(NOTE: Registered Agent signature required when resigning)

7/14/98

12. OFFICERS AND DIRECTORS

TITLE PST
NAME ROFFMAN, HERBERT, M.D.
STREET ADDRESS 1200 NORTH PORT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE VD
NAME ROFFMAN, HERBERT, M.D.
STREET ADDRESS 1200 NORTH PORT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME ROFFMAN, HERBERT, M.D.
1.3 STREET ADDRESS 1200 NORTH PORT DR
1.4 CITY-ST-ZIP SARASOTA FL 34242

2.1 TITLE VD
2.2 NAME ROFFMAN, HERBERT, M.D.
2.3 STREET ADDRESS 1200 NORTH PORT DR
2.4 CITY-ST-ZIP SARASOTA FL 34242

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 or on an attachment with an address.

SIGNATURE:

Herbert R. Roffman 7/14/98 941-948065

CR2E034 (5/98)

DR. HERBERT ROFFMAN
1200 North Port Drive
Sarasota, Florida 34242

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14 JULY 1998

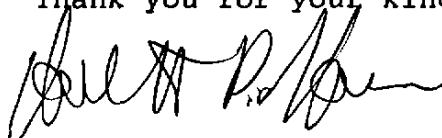
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs and Ladies,

I have this week received the 2nd notice for the 1998 Corporate annual Report. I had never received the 1st notice as I had closed my office at 1851 Hawthorne St., Sarasota on December 10 1997 and had received no mail as I was Hospitalized.

I did not receive any forwarded mail until after January 15 1998 and the first notice was not with the forwarded mail. Enclosed with the corrected corporate report, please find my check for the \$150 filing fee. I would greatly appreciate it if you would grant me relief of the penalty considering the above special circumstances.

Thank you for your kind consideration,



Herbert Roffman M.D.