

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56480

FILED  
Mar 14, 2005  
Secretary of State

**Entity Name:** FLAMINGO PINES HEALTH CENTER, INC.

**Current Principal Place of Business:**

186 S. FLAMINGO RD.  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

186 S. FLAMINGO ROAD  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 59-2820991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTHMAN, DANIEL DR  
186 S FLAMINGO RD  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

ROTHMAN, DANIEL DR  
186 S. FLAMINGO ROAD  
PEMBROKE PINES, FL 33027 US

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: DR. DANIEL ROTHMAN

03/14/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROTHMAN, DANIEL DR  
Address: 186 S FLAMINGO RD.  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DR. DANIEL ROTHMAN

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date