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Apr 14 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 # K90218 (4)

1. Corporation Name
NANCY ROTROFF DDS, PA

Principal Place of Business	Mailing Address
~~1946 WILTON DRIVE~~ ~~WILTON MANORS FL 33305~~	~~1946 WILTON DRIVE~~ ~~WILTON MANORS FL 33305~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1989

2. Principal Place of Business	2a. Mailing Address
21 2633 EAST COMMERCIAL BLVD	26 2633 EAST COMMERCIAL BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL.	City & State 28 FT. LAUDERDALE, FL.
Zip 24 33308 Country 25 USA	Zip 29 33308 Country 30 USA

4. FEI Number: 65-0123646 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTROFF, NANCY ~~1946 WILTON DRIVE~~ ~~WILTON MANORS FL 33305~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2633 EAST COMMERCIAL BLVD 83 84 City FT. LAUDERDALE FL ZIP Code 33308

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 _____ DATE
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	ROTROFF, NANCY		1.2 NAME		
STREET ADDRESS	~~1946 WILTON DR~~		1.3 STREET ADDRESS	2633 EAST COMMERCIAL BLVD	
CITY-ST-ZIP	~~WILTON MANORS FL~~		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
TITLE		☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE: [illegible] NANCY ROTROFF 3/25/98