2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

indicated on this report or supplement of the corporation or the receiver of if changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 23, 2006 08:00 AN **DOCUMENT # P00000081497 Secretary of State** MITCHELL S. ROTHSTEIN, M.D., INC. Principal Place of Business Mailing Address 1939 RIVER ROAD 1939 RIVER ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3665561 Not Applicab Country ZID \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AKEL, EDWARD Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE STE 2301 JACKSONVILLE FL 32202 City Zip Code is his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepted 8. The above named entity su the obligations of register SIGNATURE Signature, lype led name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Change Admi TITLE TITLE NAME ROTHSTEIN, MITCHELL S M.D. HAME U00000395371 STREET ADDRESS STREET ADDRESS 1939 RIVER ROAD 01/26/06-80047-002 150.00 CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32207 Change ☐ Additt. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change □ Add*** ☐ Delete TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Artifica ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addit. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of the tension of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

FILED