2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072222

Entity Name: DAVID S. ROTHBERG, M.D., P.A.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3820 TAMPA RD SUITE 101 PALM HARBOR, FL 34684 **New Mailing Address: Current Mailing Address:** 3820 TAMPA RD SUITE 101 PALM HARBOR, FL 34684 FEI Number: 04-3653652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTHBERG, DAVID S M.D. ROTHBERG, DAVID S M.D. 3820 TAMPA RD 3820 TAMPA RD SUITE 101 SUITE 101 PALM HARBOR, FL 34684 US PALM HARBOR, FL, FL 34684 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: DAVID ROTHBERG, MD 04/10/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: PRFS (X) Change () Addition ROTHBERG, DAVID S M.D. ROTHBERG, MD, DAVID S Name: Name: 3820 TAMPA RD SUITE 101 3820 TAMPA RD STE 101 Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 () Delete Title: () Change (X) Addition Title: Name: Name: ROTHBERG, MD, DAVID 3820 TAMPA RD SUITE 101 Address: Address: PALM HARBOR, FL 34684 City-St-Zip: City-St-Zip: Title: Title: () Delete **PRFS** () Change (X) Addition ROTHBERG, MD, DAVID Name: Name: 3820 TAMPA RD SUITE 101 Address Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: **PRES** () Change (X) Addition ROTHBERG, MD, DAVID Name: Name: Address: Address: 3820 TAMPA RD SUITE 101 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 Title: Title: PRES () Change (X) Addition () Delete ROTHBERG, MD, DAVID Name: Name: Address: Address: 3820 TAMPA RD SUITE 101 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: **PRES** () Change (X) Addition ROTHBERG, MD, DAVID Name: Name: 3820 TAMPA RD SUITE 101 Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

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SIGNATURE:	DAVID ROTHBERG, MD	PRES	04/10/2007