
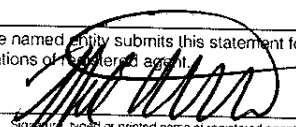
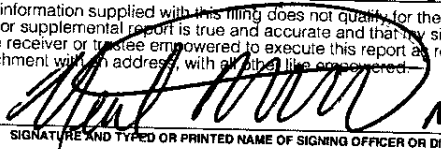


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90037 043 \*\*\*150.00

<b>DOCUMENT # P03000036849</b>					
1. Entity Name <b>NEAL E. ROTHSCHILD, M.D., P.A.</b>					
Principal Place of Business <b>1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 14067</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>North Palm Beach FL</b>		4. FEI Number <b>55-0829928</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33408</b>	<b>USA</b>	<b>33408</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134</b>				Name <b>Neal E. Rothschild, M.D.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1309 North Flagler Drive</b>	
				City <b>West Palm Beach</b>	
				State <b>FL</b>	
8. 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. I am familiar with, and accept the obligations of the registered agent.				Zip Code <b>33401</b>	
SIGNATURE  <b>NEAL ROTHSCHILD, M.D.</b>				DATE <b>2/2/04</b>	
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	D <b>ROTHSCHILD, NEAL R</b> <input type="checkbox"/> Delete				
NAME	<b>1309 NORTH FLAGLER DRIVE</b>				
STREET ADDRESS	<b>WEST PALM BEACH, FL 33401</b>				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 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 or trustee 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.					
SIGNATURE:  <b>NEAL ROTHSCHILD, M.D.</b> <b>2/4/04</b> <b>561-366-4431</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					