


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90032 021 ***150.00

DOCUMENT # P92000001905

1. Entity Name
DR. Clayton Roth, P.A.



DO NOT WRITE IN THIS SPACE

40042280

2. Principal Place of Business <u>900 N.W. 13th Street</u>		3. Mailing Address <u>900 N.W. 13th Street</u>	
Suite, Apt. #, etc. <u>101</u>		Suite, Apt. #, etc. <u>101</u>	
City & State <u>Boca Raton, FL</u>		City & State <u>Boca Raton, FL</u>	
Zip <u>33486</u>	Country <u>USA</u>	Zip <u>33486</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0473109</u>			Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent			
	Name <u>Hoffman Stephen V</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2750 N. Fed. Hwy</u>				
City <u>Fort Lauderdale</u>				
			State <u>FL</u>	Zip Code <u>33306</u>

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 registered agent.

SIGNATURE [Signature] DATE 3-28-05

(NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Roth, Clayton 900 N.W. 13th St Suite #101 Boca Raton, FL 33486</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3-28-05 (561) 395-3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)