FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000604

1. Corporation Name

MELANIE W. ROTENBERG, M.D., P.A.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90148 006 ***150.00



	<u> </u>				(iani erib eri	
Principal Place	e of Business	Mailing Address				-	
499 WINCHESTER RD 499 WINCHESTER RD							
SATELLITE BEACH FL 32937		SATELLITE BEACH FL 32937		DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualified		
					12/26/1995		
2. Princinal P	lace of Business	2a. Mailing Address			4. FEI Number	Δ	pplied For
—	add or bookings	26			59-3353515		lot Applicable
Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 A		
22 -				,	5. Certifcate of Status Desired		Required
City & Stat					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current year Int.	angible	
24	25	29 30	أ أ		Personal Property Tax.	☐ Yes	MNo
	9. Name and Address of Curren		\Box		10. Name and Address of New Registered	Agent	
			81	Name			
ROTENBERG, MELANIE W 499 WINCHESTER RD				0	(D.O. Davidson in New Association		
				82 Street Address (P.O. Box Number is Not Acceptable)			}
SATELLITE BEACH FL 32937			83				
			84	City	FL	85 Zip	Code
-	4- 15	2 and 607 1509 Flacida Statuta	ho abou	named oc-	oration submits this statement for the purpose of	changing it	s registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was autho	rized by	the corporation	on's board of directors. I hereby accept the appoin	ntment as r	egistered
SIGNATURE							
	Signature, typed or printed name of registered ager			nt signature require	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT Change	ORS IN 12 Addition
TITLE	DP	☐ DÉLETE	1.1 TITLE			Change	☐ Addition {
NAME	ROTENBERG, MELANIE W		1.2 NAME				
STREET ADDRESS	499 WINCHESTER RD	l	1.3 STREE	FADORESS			ł
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	1			Ì
STREET ADDRESS			2.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	· • • •	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-S	T-ZIP*	فينيت والمناف المناف		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				ĺ
STREET ADDRESS	•		3.3 STREE	T ADDRESS			\
CITY-ST-ZIP	\$, \$		3.4. CITY-S	IT-ZIP			
TITLE	11	☐ DELETE	4.1 TITLE			Change	Addition
NAME	\$ * \$		4. 2 NAME				}
STREET ADDRESS	:		4.3 STREE	FADORESS	,		}
CITY-ST-ZIP		•	4.4 CITY-S	ŧ			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS]	5.3 STREE	T ADDRESS)
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			,
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME .			6.2 NAME				
	a service and a			ADDRESS			
		1	6.4 CITY-S]
CITY-ST-ZIP . '	5.5		0.4 0111-5	1-71L			

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 attention with an address, with all other like empowered.

SIGNATURE: