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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008214 (4)

1. Corporation Name
ROBERT E. ROTHFIELD, M.D., P.A.

Principal Place of Business	Mailing Address
2845 AVENTURA BLVD. SUITE 114 NORTH MIAMI BEACH FL 33180	2845 AVENTURA BLVD. SUITE 114 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1845 N. Corporate Lakes Blvd Suite, Apt. #, etc. 22 Suite B City & State 23 Weston FL Zip 24 33326 Country 25 USA	2a. Mailing Address 26 1845 N. Corporate Lakes Blvd Suite, Apt. #, etc. 27 Suite B City & State 28 Weston, FL Zip 29 33326 Country 30 USA

3. Date Incorporated or Qualified: 01/25/1996

4. FEI Number: 65-0640145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTHFIELD, ROBERT E M.D. 2845 AVENTURA BLVD. SUITE 114 NORTH MIAMI BEACH FL 33180	81 Name: Rothfield, Robert E. M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 1845 N. Corporate Lakes Blvd 83 Suite B 84 City: Weston FL 85 Zip Code: 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Robert E. Rothfield, M.D. 4/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	ROTHFIELD, ROBERT E M.D.		1.2 NAME	Robert E Rothfield, MD	
STREET ADDRESS	~~2845 AVENTURA BLVD., SUITE 114~~		1.3 STREET ADDRESS	1845 N. Corporate Lakes Blvd	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33180~~		1.4 CITY-ST-ZIP	Weston, FL 33326	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 attachment with an address.

SIGNATURE: _____ Robert E. Rothfield, M.D. 4/12/98 305-354-2990