SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0064806

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 SEP 24 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000064376 (2)**

1. Corporation Name
ROSENBERG & KALMAN, M.D., P.A.

Principal Place of Business
7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321

Mailing Address
7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/01/1996

4. FEI Number
65-0690422
☐ 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
LAPIDUS, STEVEN B
1221 BRICKELL AVENUE
SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, ABRAHAM M.D.		1.2 NAME	
STREET ADDRESS	7421 N. UNIVERSITY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KALMAN, ALFRED M M.D.		2.2 NAME	
STREET ADDRESS	7421 N. UNIVERSITY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		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	

B 98PR 9/24

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 _____ 7/1/98 561-726-0035

CR2E034 (5/98)

ONCOLOGY & HEMATOLOGY ASSOCIATES OF WEST BROWARD, P.A.

DIPLOMATES AMERICAN BOARD OF INTERNAL MEDICINE
MEDICAL ONCOLOGY & HEMATOLOGY

ALFRED M. KALMAN, M.D.
ABRAHAM ROSENBERG, M.D.
SUMIT SAWHNEY, M.D., ASSOC.
NEIL J. WEINREB, M.D., F.A.C.P.
JEFFREY I. WEISBERG, D.O.
STEVEN WEISS, M.D.

STEPHEN A. EDELSTEIN, M.D., F.A.C.R.
600 S W. 3RD STREET
POMPANO BEACH, FLORIDA 33060
TELEPHONE: (954) 786-6049

SUSAN A. REISINGER, M.D.
2101 RIVERSIDE DRIVE
SUITE 101
CORAL SPRINGS, FLORIDA 33071
TELEPHONE: (954) 341-6200

September 3, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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To Whom It May Concern:

We ask that the late filing fee be waived in light that this is the first notice for the annual report that we have received.

Sincerely,

Jane Steinkamp

Jane Steinkamp
Administrator

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 972761 4303929

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 165.00

ORDER DATE : September 24, 1998

ORDER TIME : 9:54 AM

ORDER NO. : 972761-005

500002648115--5

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

ANNUAL REPORT FILING

RECEIVED
98 SEP 24 AM 10:41
DIVISION OF CORPORATION

NAME: ROSENBERG & KALMAN, M.D., P.A.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS: B

9/24