

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

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070530 (5)

1. Corporation Name

MARIE-CAROLE DESROSIER, M.D., P.A.

Principal Place of Business

140 SOUTH FEDERAL HIGHWAY  
DANIA FL 33004

Mailing Address

140 SOUTH FEDERAL HIGHWAY  
DANIA FL 33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3321 FARRAGUT ST.		08/14/1997	
22 City & State		27 Suite E		4. FEI Number	
23 Zip		28 HOLLYWOOD, FL.		65-0789116	
24 Country		29 33021		Applied For	
		30 USA		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MILLER, ADAM M  
44 WEST FLAGLER STREET  
SUITE 402  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name MARIE-CAROLE DESROSIER, MD  
82 Street Address (P.O. Box Number is Not Acceptable) 140 South Federal Highway  
83 Suite A  
84 City DANIA FL 85 Zip Code 33004

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

Signature, typed or printed name of registered agent and fee, if applicable

MARIE-CAROLE DESROSIER, MD

4/14/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARIE-CAROLE DESROSIER, MD			1.2 NAME	MARIE-CAROLE DESROSIER, MD		
STREET ADDRESS	140 South Federal Hwy			1.3 STREET ADDRESS	3321 FARRAGUT ST, Suite E		
CITY-ST-ZIP	DANIA FL 33004			1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	S	DELETE		2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Alexis Powell, MD			2.2 NAME	MARIE-CAROLE DESROSIER		
STREET ADDRESS	140 South Federal Hwy			2.3 STREET ADDRESS	3321 FARRAGUT ST Suite E		
CITY-ST-ZIP	DANIA FL 33004			2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	T	DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RONA McKENZIE			3.2 NAME			
STREET ADDRESS	140 South Federal Hwy			3.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: +

MARIE-CAROLE DESROSIER, MD.

4/14/98 65-0789116-7556

CR2E034 (10/97)