

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 DESROSIERES, M.D., P.A.



Principal Place of Business 140 SOUTH FEDERAL HIGHWAY DANIA FL 33004	Mailing Address 140 SOUTH FEDERAL HIGHWAY DANIA FL 33004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	3321 FARRAGUT ST.
22	Suite, Apt. #, etc.	27	Suite E
23	City & State	28	HOLLYWOOD, FL.
24	Zip	29	33021
25	Country	30	USA

3. Date Incorporated or Qualified 08/14/1997
4. FEI Number 05-0789116
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 DESROSIERES, MD
82 Street Address (P.O. Box Number is Not Acceptable)	140 South Federal Highway
83	Suite A
84 City	DANIA
85 Zip Code	FL 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: *Marie-Carole Desrosieres, MD* **MARIE-CAROLE DESROSIERES, MD** **4/14/98**
Signature, typed or printed name of registered agent and type, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARIE-CAROLE DESROSIERES, MD	
STREET ADDRESS	140 South Federal Hwy	
CITY-ST-ZIP	DANIA FL. 33004	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Alexis Powell, MD	
STREET ADDRESS	140 South Federal Hwy	
CITY-ST-ZIP	DANIA FL, 33004	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RONA McKENZIE	
STREET ADDRESS	140 South Federal Hwy	
CITY-ST-ZIP	DANIA FL. 33004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIE-CAROLE DESROSIERES, MD	
1.3 STREET ADDRESS	3321 FARRAGUT ST, Suite E	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIE-CAROLE DESROSIERES	
2.3 STREET ADDRESS	3321 FARRAGUT ST Suite E	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Desrosieres, MD* **MARIE-CAROLE DESROSIERES, MD.** **4/14/98 852-917-7556**

CR2E034 (10/97)