

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017740

FILED
Mar 11, 2008
Secretary of State

Entity Name: MARTIN ROTHBERG, MD, PA

Current Principal Place of Business:

9049 SW 87 CT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9049 SW 87 CT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-1837268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTROFF, NANCY CPA
7400 SW 50TH TERRACE, SUITE #304
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

PASTROFF, NANCY CPA
7400 SW 50TH TERRACE
SUITE #304
MIAMI, FL 33155 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROTHBERG, MARTIN MD
Address: 6469 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: ROTHBERG, SHARON
Address: 6469 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: ROTHBERG, MARTIN MD
Address: 6469 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: ROTHBERG, MARTIN
Address: 6469 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ROTHBERG, M.D.

P

03/11/2008

Electronic Signature of Signing Officer or Director

Date