## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000017740

City-St-Zip:

MIAMI, FL 33143

Entity Name: MARTIN ROTHBERG, MD, PA

FILED Sep 25, 2009 Secretary of State

Current F	Principal Place	e of Business:	New Principal Place of	or Busiliess.
9049 SW MIAMI, FL			6469 SUNSET DRIVE MIAMI, FL 33143	
Current Mailing Address:			New Mailing Address:	
9049 SW MIAMI, FL			6469 SUNSET DRIVE MIAMI, FL 33143	
FEI Number	r: 59-1837268	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:
7400 SW : SUITE #30 MIAMI, FL The above	33155 US	DE	purpose of changing its registered	office or registered agent, or both,
SIGNATU		. 0	aut	 Date
		nic Signature of Registered Ag	ent	Date
	nce with s. 607.19	nic Signature of Registered Ag 03(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).		Date
Election Ca	nce with s. 607.19	03(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notice.	S TO OFFICERS AND DIRECTOR
Election Ca OFFICER Title: Name: Address:	nce with s. 607.19 ampaign Financin RS AND DIREC P ( ROTHBERG, N 6469 SUNSET	03(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ). CTORS:  ) Delete MARTIN MD DR.	ot receive the prior notice.  ADDITIONS/CHANGE	
Election Ca OFFICER  Title: Name: Address: Dity-St-Zip: Title: Name: Address:	P ( ROTHBERG, M HAMIL OF THE BROWN SET MIAMI, FL 331  VP ( ROTHBERG, S 6469 SUNSET MIAMI, FL 331  VP ( ROTHBERG, S 6469 SUNSET	03(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ). ETORS:  ) Delete MARTIN MD DR. 143  ) Delete SHARON DR.	ot receive the prior notice.  ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR
Election Ca	P (ROTHBERG, NOTHBERG, SOUNSET MIAMI, FL 331  VP (ROTHBERG, SOUNSET MIAMI, FL 331  VP (ROTHBERG, SOUNSET MIAMI, FL 331  S (ROTHBERG, NOTHBERG, SOUNSET MIAMI, FL 331  S (ROTHBERG, NOTHBERG, SOUNSET MIAMI, FL 331	03(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ). ETORS:  ) Delete MARTIN MD DR. 143  ) Delete SHARON DR. 143  ) Delete MARTIN MD DR.	ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTOR

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.

City-St-Zip:

SIGNATURE: MARTIN P. ROTHBERG P 09/25/2009