

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90019 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S64209

1. Corporation Name
HEIDI M. ROTH, P.A.

Principal Place of Business
**2511 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address
**2511 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1991

4. FEI Number

65-0274326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2511 Ponce de Leon**

Suite, Apt. #, etc.

22 **320**

City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **US**

2a. Mailing Address

26 **2511 Ponce de Leon**

Suite, Apt. #, etc.

27 **320**

City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**ROTH, HEIDI M.
2511 ~~2000~~ PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

HEIDI M. ROTH

82 Street Address (P.O. Box Number is Not Acceptable)

2511 Ponce de Leon Blvd.

83

Suite 320

84 City

Coral Gables

FL

85 Zip Code

33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROTH, HEIDI M.**
STREET ADDRESS **2511 PONCE DE LEON BLVD #320**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

HEIDI M. ROTH 1/28/99 305-445-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)