

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 25 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S79798 (2)**

1. Corporation Name  
**ROY A. ROTHMAN, D.P.M., P.A.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**2754 A ENTERPRISE RD. 2754 A ENTERPRISE RD.  
ORANGE CITY FL 32763 ORANGE CITY FL 32763**

3. Date Incorporated or Qualified **09/12/1991** 3a. Date of Last Report Applied For  
**04/18/1994** Not Applicable

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>58-3093941</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
25		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROTHMAN, CYNTHIA A GELINAS FIRST UNION BUILDING STE-4400- 20 NORTH ORANGE AVE. ORLANDO FL 32802</b>				81 Name			
				<b>ROTHMAN, CYNTHIA A GELINAS</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>840 COACH LAMP COURT</b>			
				83			
				84 City		85 Zip Code	
				<b>SANFORD</b>		<b>FL 32771</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHMAN, ROY A</b>	1.2 NAME	
STREET ADDRESS	<b>840 COACH LAMP COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANFORD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHMAN, ROY A</b>	2.2 NAME	
STREET ADDRESS	<b>840 COACH LAMP COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANFORD FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: \_\_\_\_\_ Date: **4-21-95** **904-775-0271**