

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S79798** (2)

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



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

3. Date Incorporated or Qualified: **09/12/1991**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3093941**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ROTHMAN, CYNTHIA A GELI
840 COACH LAMP CT
~~20 NORTH ORANGE AVE.~~
SANFORD FL 32771**

10. Name and Address of New Registered Agent
81 Name: **CYNTHIA A. ROTHMAN**
82 Street Address (P.O. Box Number is Not Acceptable): **840 Coach Lamp Ct.**
83
84 City: **SANFORD** FL 85 Zip Code: **32771**

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: Cynthia A. G. Rothman CYNTHIA A. G. ROTHMAN DATE: 04-16-96

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PST	<input type="checkbox"/>
NAME	ROTHMAN, ROY A	
STREET ADDRESS	840 COACH LAMP COURT	
CITY - ST - ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/>
NAME	ROTHMAN, ROY A	
STREET ADDRESS	840 COACH LAMP COURT	
CITY - ST - ZIP	SANFORD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(c), 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: Roy A. Rothman **Roy A. Rothman** DATE: 4-16-96 **904-775-0071**

CR2E034 (12/95)