

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90114 010 \*\*\*150.00

2001557 AV

**DOCUMENT # S79798**  
 1. Entity Name  
**ROY A. ROTHMAN, D.P.M., P.A.**

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

**EFFECTIVE 6-1-02!**

2. Principal Place of Business      3. Mailing Address  
**2836 ENTERPRISE RD.**      **2836 ENTERPRISE RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 2**      **SUITE 2**  
 City & State      City & State  
**DEBARY FL**      **DEBARY FL**  
 Zip      Country      Zip      Country  
**32713**      **USA**      **32713**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROTHMAN, CYNTHIA A.**  
**1437 SHADWELL CIRCLE**  
**HEATHROW FL 32746**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 **CYNTHIA A. ROTHMAN (SAME AGENT)**      *Cynthia A. Rothman*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when changing)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>ROTHMAN, ROY A</b> <b>1437 SHADWELL CIRCLE</b> <b>HEATHROW FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROTHMAN, ROY A</b> <b>1437 SHADWELL CIRCLE</b> <b>HEATHROW FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *ROY A. ROTHMAN*      **ROY A. ROTHMAN, DPM**      **ROY A. ROTHMAN, DPM**  
Signature and typed or printed name of signing officer or director      Date: **4-14-02**      **386-TIS 0071**  
**386-TIS 1918 (6-1-02)**

CR2E034 (9/01)