

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07450

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: BAPTIST DIABETES ASSOCIATES, P.A.

## Current Principal Place of Business:

8940 N KENDALL DR  
SUITE E-804  
MIAMI, FL 33176 US

## New Principal Place of Business:

7867 N. KENDALL DR.  
SUITE 100  
MIAMI, FL 33156 US

## Current Mailing Address:

9049 SW 87 CT  
MIAMI, FL 33176 US

## New Mailing Address:

FEI Number: 65-0307791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASTROFF, NANCY P.A.  
10300 SUNSET DRIVE  
SUITE 135  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COHEN, MARTIN  
Address: 7800 S.W. 87 AVE.  
City-St-Zip: MIAMI, FL 33173

Title: S ( ) Delete  
Name: WEISSMAN, PETER MD  
Address: 8940 N KENDALL DR, E-804  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: ROTHBERG, MARTIN  
Address: 9049 S.W. 87TH COURT  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WEISSMAN, PETER MD  
Address: 7867 N. KENDALL DR, #100  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARTIN ROTHBERG, M.D.

TD

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date