

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07450

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: BAPTIST DIABETES ASSOCIATES, P.A.

## Current Principal Place of Business:

7867 N. KENDALL DR.  
SUITE 80  
MIAMI, FL 33156 US

## New Principal Place of Business:

7867 N. KENDALL DR.  
SUITE 80  
MIAMI, FL 33143 US

## Current Mailing Address:

9049 SW 87 CT  
MIAMI, FL 33176 US

## New Mailing Address:

6469 SUNSET DRIVE  
MIAMI, FL 33143 US

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.  
7400 SW 50TH TERRACE  
SUITE 304  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

PASTROFF, NANCY P.A.  
7400 SW 50 TH TERRACE  
SUITE 304  
MIAMI, FL 33155 US

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:

03/11/2008

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: 7867 N. KENDALL DR, #80  
City-St-Zip: MIAMI, FL 33156

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COHEN, MARTIN MD  
Address: 7800 S.W. 87 AVE.  
City-St-Zip: MIAMI, FL 33143

Title: S (X) Change ( ) Addition  
Name: WEISSMAN, PETER MD  
Address: 7867 N. KENDALL DR, #80  
City-St-Zip: MIAMI, FL 33143

Title: TD (X) Change ( ) Addition  
Name: ROTHBERG, MARTIN MD  
Address: 6469 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

T

03/11/2008

Electronic Signature of Signing Officer or Director

Date