

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07450

FILED  
Feb 28, 2011  
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:**

**Current Mailing Address:**

6469 SUNSET DRIVE  
MIAMI, FL 33143 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.  
7400 SW 50 TH TERRACE  
SUITE 304  
MIAMI, FL 33155 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, MARTIN MD  
Address: 7800 S.W. 87 AVE.  
City-St-Zip: MIAMI, FL 33176

Title: S  
Name: WEISSMAN, PETER MD  
Address: 7867 N. KENDALL DR, #80  
City-St-Zip: MIAMI, FL 33156

Title: TD  
Name: ROTHBERG, MARTIN MD  
Address: 6469 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: MARTIN ROTHBERG MD

TD

02/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date