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.

TREASURER

SIGNATURE: MARTIN ROTHBERG, M.D.

Electronic Signature of Signing Officer/Director Detail

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

Current Principal Place of Business:

Current Mailing Address:

6469 SUNSET DRIVE MIAMI, FL 33143 US

FEI Number: 65-0307791

Name and Address of Current Registered Agent:

PASTROFF, NANCY P.A. 201 ALHAMBRA CIRCLE SUITE 501 MIAMI, FL 33134 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	S
Name	COHEN, MARTIN MD	Name	WEISSMAN, PETER MD
Address	7800 S.W. 87 AVE.	Address	7867 N. KENDALL DR, #80
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33156
Title	тр		
Name	ROTHBERG, MARTIN MD		
Address	6469 SUNSET DRIVE		
City-State-Zip:	MIAMI FL 33143		

03/21/2014

Date

Date

FILED Mar 21, 2014 CC0920307945

Certificate of Status Desired: No

Secretary of State

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BAPTIST DIABETES ASSOCIATES, P.A.

DOCUMENT# V07450