

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
Apr 09, 2002 8:00 am
Secretary of State

1. "Today's Women Medical Center
of Broward"
3250 S. Dixie Hwy
 Mailing Address of Business
Miami, FL 33133
 City State Zip Code

3. Florida County of principal place of business:

Broward

(see instructions if more than one county)

4. FEI Number: _____

G02099900161

-04/09/02--01032--012

***50.00

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.
 Address
 City State Zip Code

2. Last First M.I.
 Address
 City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Rosenthal Inc.
 Entity Name
3250 S. Dixie Hwy
 Address
Miami FL 33133
 City State Zip Code
 Florida Registration Number M64221
 FEI Number: 65-0023441
☐ Applied for ☐ Not Applicable

Entity Name
 Address
 City State Zip Code
 Florida Registration Number
 FEI Number:
☐ Applied for ☐ Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

M. Rosenthal 4/4/02
 Signature of Owner Date

Phone Number: 305-441-0304

Signature of Owner Date

Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes

☐ Certificate of Status — \$10

☐ Certified Copy — \$30

FILING FEE: \$50

4/9/02