

FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/07

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90329 033 ****50.00
G07999100815

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G02099900161**

1. Name and Mailing Address

0018726 01 AV 0.293 **AUTO T4 3 0606 33133-360950



TODAY'S WOMEN MEDICAL CENTER OF BROWARD
3250 S. DIXIE HWY
MIAMI FL 33133-3609

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City State Zip Code



G02099900161

☐ CHECK HERE IF MAKING CHANGES

**3. County of Principal
Place of Business**
BROWARD

4. Date Registered
04/09/2002

5. Certificate of Status Desired
☐ \$10 Additional Fee Required

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	M64221 65-0023441 ROSENTHAL INC. 3250 S. DIXIE HWY MIAMI FL 33133	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

8. 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. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

Signature of Owner Date **2/27/07**

Signature of Owner Date

(CR4E003) 10/06