FORM 1		STATEM	ENT OF		2004			
Please print or type your name, mailing address, agency name, and position bel	ow:	ESTS						
LAST NAME FIRST NAME MIDDLE NAME: Rothenberg, Henry J. MALING ADDRESS:					FICE ILY:			
NAME OF OFFICE OR POSITION H	ZIP 33 Moseu ELD OR S	ID Code ID No. Code Code P. Registrate G						
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2004 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	[Major sources of income to the SOUI ADD	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Real Estate Sales		Century 21 AAIM Realty			Real Estate Sales			
		5689 Estero Ft. Myero Be						
		Ft. Myers Be						
NAME OF NAME		ME [Major customers, clients, and other sources of E OF MAJOR SOURCES ADDRE BUSINESS' INCOME OF SOU		ESS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C-REAL PROPERTY [Land, buildings owned by the reporting person] 175 Bahia Via Ft. Myers Beach 165 Flamings St, " 6875 Estero Blvd. 4 11 "					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
2859 Prince Edward Isle, Ft. Myers					OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
		·					
PART E — LIABILITIES [Major NAME OF CRED		ADDRESS OF CREDITOR					
		<u> </u>					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	FMB Medical	Ctr., Inc.					
ADDRESS OF BUSINESS ENTITY	6876 Esters Blud. Ft. Myers Beach, FL 33931						
PRINCIPAL BUSINESS ACTIVITY	Medical Clinic						
POSITION HELD WITH ENTITY	President						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes.						
NATURE OF MY OWNERSHIP INTEREST	Corp. Pres						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required): 6/23/05							
V / RILING INSTRUCTIONS:							

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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