

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 521706 (2)

1. Corporation Name  
KENNETH A. ROSEN, M.D., P.A.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1977	3a. Date of Last Report 03/11/1994
4. FEI Number 59-1707209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
9000 SW 87 CT S202 MIAMI FL 33176 US		9000 SW 87 CT S202 MIAMI FL 33176 US	
21. Principal Place of Business	26a. Mailing Address	22. State, Apt. #, etc.	27. State, Apt. #, etc.
21	26a. 9000 SW 87 CT	22. #202	27. #202
23. City & State	28. City & State	24. Zip	29. Zip
23	28	24	29
25. Country	30. Country		
25	30		

9. Name and Address of Current Registered Agent

ROSEN, KENNETH A  
900 SW 87 CT  
S202  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83 #202	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PSD	ROSEN, KENNETH A.	12400 SW 75 AVE	MIAMI FL
VT	ROSEN, KENNETH A.	12400 SW 75 AVE	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	17 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE *Kenneth A. Rosen* KENNETH A. ROSEN  
 DATE 3/4/95 305-279-6013