

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521706

FILED  
Sep 18, 2012  
Secretary of State

**Entity Name:** KENNETH A. ROSEN, M.D., P.A.

**Current Principal Place of Business:**

9000 SW 87 CT  
#202  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SW 87 CT  
#202  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 59-1707209      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSEN, KENNETH A  
9000 SW 87 CT  
#202  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ROSEN, KENNETH A.  
Address: 9120 SW 103 CT  
City-St-Zip: MIAMI, FL 33176

Title: VT  
Name: ROSEN, KENNETH A.  
Address: 9120 SW 103 ST  
City-St-Zip: MIAMI, FL 33176

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.

SIGNATURE: KENNETH A ROSEN

PRES

09/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date