


**FOR PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # L02000030115
1. Entry Name
 RSR MGMT, LLC



FILED
 03 OCT 31 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

800024340768
 10/31/03--01087--003 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
 8738 SE RIVERFRONT TERRACE

3. Mailing Address
 SAME

Suite, Apt. #, etc.

TEQUESTA, FL

33469

USA

4. FEI Number
 22-3882435

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
 Scott Rosenblum

Street Address (P.O. Box Number is Not Acceptable)
 8738 SE Riverfront Terrace

City Tequesta **FL** **33469**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) **DATE** _____

Annual Fee is \$150.00
 Annual UBR is \$50.00
 Amended UBR is \$67.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Func Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Scott Rosenblum 8738 SE Riverfront Terrace Tequesta, FL 33469	CEO
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Scott Rosenblum* **10/25/03** 561-352-6072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R. Scott Rosenblum, D.O.

8738 SE Riverfront Terrace, Tequesta, FL 33469, H (561) 352-6042 F (810) 454-6210, ScottRosenblum@yahoo.com

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Saturday, October 25, 2003

Dear Sirs,

I am in receipt of your Notice of Administrative dissolution with great concern. Apparently my reports never made it to your offices and I am very sorry. I would be very grateful if you will accept my UBR's at this time for RS Rosenblum, PA and RSR mgmg, LLC. Enclosed are the signed forms and the appropriate checks.

Respectfully yours,

R. Scott Rosenblum, DO

Advanced Sports Medicine MRI and Neuroradiology
Department of Radiology
Jupiter Medical Center
1210 S. Old Dixie Hwy.
Jupiter, Florida

~~Office (561) 748-4118~~

561-352-6042