

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000079736

Entity Name: ROMAN ROZIN, M.D., P.A.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1250 S. TAMIAMI TRAIL, STE. 103  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

600 CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 26-3973428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCHELLE, DAYANI  
600 N CATTLEMEN RD  
SUITE 100  
SARASOTA, FL 34232 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: MD  
Name: ROZIN, ROMAN  
Address: 1250 S. TAMIAMI TRAIL, STE. 103  
City-St-Zip: SARASOTA, FL 34239 US

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: PARTNERS IMAGING CENTER

MNGR

04/18/2011

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

\_\_\_\_\_  
Date