2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000042867 DOCUMENT

1. Entity Name

MARK A. ROSENBERG, M.D., P.A.



FILED Mar 12, 2003 8:00 am \$ Secretary of State 03-12-2003 90067 027 ***150.00

					COD WE							
Principal Place of Business 1700 EAST LAS OLAS BOULEVARD PENTHOUSE 1 FORT LAUDERDALE FL 33301			1700 PENT	Mailing Address 1700 EAST LAS OLAS BOULEVARD PENTHOUSE 1 FORT LAUDERDALE FL 33301								
2. Principal P	Place of Busir	ness	3. Mai	3. Mailing Address				 	 	! #1#10 11881 816 -	1 8 14[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI Number 22-3656649				pplied For ot Applicable	
Zip	Country			Zip Count			5. Certificate of Status D		d 🗆	\$9.75 Additional		
6. Name and Address of Current Registered Agent					1		7. Name an	d Address of Ne	w Registered	<u> </u>		
	Name											
GALLOWAY, AMY J 1700 EAST LAS OLAS BOULEVARD				Street Addr			s (P.O. Box Number is Not Acceptable)					
PENTHOU												
FORT LAUDERDALE FL 33301					City	City				FL Zip Code		
8. The above the obligat	named entity ions of regist	y submits this stateme ered agent.	nt for the purp	ose of changing its	registered office or	egistere	d agent, or bo	oth, in the State o	Florida. I an	familiar with,	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						. <u>.</u>	I	lection Campaign rust Fund Contrib	_		00 May Be d to Fees	
10.	1 44		ADDITIONS	(OLANOSO TO	NEELOEBO AA	5 BIRECTOS						
	D	UFFICERS F	ND DIRECTO	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS	/CHANGES TO	JEFICERS AN			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-638-4636

Daytime Phone #