

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

1 of 2

DOCUMENT # **L02000030115**

1. Entity 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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8738 SE RIVERFRONT TERRACE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TEQUESTA, FL**

City & State

4. FEI Number

**32-3882435**

Applied For

Not Applicable

**33469**

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**

**DO NOT WRITE  
IN THIS SPACE**

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

10/31/03 11:50 AM Fee is \$150.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**R. Scott Rosenblum** **CEO**  
**8738 SE Riverfront Terrace**  
**Tequesta, FL 33469**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2  
**R. Scott Rosenblum, D.O.**

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

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, D.O.*

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