

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 521706

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

**Current Principal Place of Business:**

9000 SW 87 CT  
#202  
MIAMI, FL 33176

**Current Mailing Address:**

9000 SW 87 CT  
#202  
MIAMI, FL 33176 US

**FEI Number:** 59-1707209

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date