

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 521706

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

**Current Principal Place of Business:**

10300 S.W. 72ND STREET  
SUITE # 150  
MIAMI, FL 33173

**Current Mailing Address:**

10300 S.W. 72ND STREET  
SUITE # 150  
MIAMI, FL 33173 US

**FEI Number:** 59-1707209

**Certificate of Status Desired:** No

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

ROSEN, KENNETH A  
10300 S.W. 72ND STREET  
SUITE # 150  
MIAMI, FL 33173 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  
Name ROSEN, KENNETH A.  
Address 9120 SW 103 CT  
City-State-Zip: MIAMI FL 33176

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

Title VP  
Name ROSEN, FRANCIS  
Address 9120 S.W. 103 ST  
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:** ROSEN, KENNETH A.

VT

04/13/2021

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

\_\_\_\_\_  
Date