

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068244

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

**Current Principal Place of Business:**

1411 NORTH FLAGLER DRIVE  
SUITE 7000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1411 NORTH FLAGLER DRIVE  
SUITE 7000  
WEST PALM BEACH, FL 33401

**FEI Number:** 05-0521774

**Certificate of Status Desired:** No

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

ROSEN, ALLEN MD  
1411 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 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 P  
Name ROSEN, ALLEN MD  
Address 1411 N FLAGLER DR #7000  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** ALLEN ROSEN

**PRES**

**04/06/2013**

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

\_\_\_\_\_  
Date