

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000015268

**Entity Name:** ADAM D. ROSSEN P.A.

**Current Principal Place of Business:**

6400 N. ANDREWS AVE.  
SUITE 505  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6400 N. ANDREWS AVE.  
SUITE 505  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 47-3205680

**Certificate of Status Desired:** No

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

ROSSEN, ADAM D  
6400 N. ANDREWS AVE.  
SUITE 505  
FORT LAUDERDALE, FL 33309 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 ROSSEN, ADAM D  
Address 6400 N. ANDREWS AVE.  
SUITE 505  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ADAM D. ROSSEN

**PRESIDENT**

**02/10/2019**

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

\_\_\_\_\_  
Date