

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455076

FILED
Feb 02, 2006
Secretary of State

Entity Name: HERBERT ROSE, M.D., P.A.

Current Principal Place of Business:

1539 N. HALIFAX AVE
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

4 PLEASANT VIEW CIRCLE
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

1539 N. HALIFAX AVE
DAYTONA BEACH, FL 32118 US

New Mailing Address:

4 PLEASANT VIEW CIRCLE
DAYTONA BEACH, FL 32118 US

FEI Number: 59-1543404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, HERBERT, MD, PA
1539 N. HALIFAX AVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

ROSE, HERBERT, MD, PA
4 PLEASANT VIEW CIRCLE
DAYTONA BEACH, FL 32118 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:

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSE, HERBERT,
Address: 1539 N. HALIFAX AVE.
City-St-Zip: DAYTONA BCH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSE, HERBERT,
Address: 4 PLEASANT VIEW CIRCLE
City-St-Zip: DAYTONA BCH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT ROSE M.D.

PRES

02/02/2006

Electronic Signature of Signing Officer or Director

Date