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**Feb 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McRham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600490 (7)

1. Corporation Name: ROSMAN MEDICAL CLINIC P A



Principal Place of Business: 890 N MIAMI BEACH BLVD N. MIAMI BEACH FL 33162
Mailing Address: 890 N MIAMI BEACH BLVD N. MIAMI BEACH FL 33162-3701

3. Date Incorporated or Qualified: 10/09/1968
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-1230100
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State. 23 Zip Country. 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State. 28 Zip Country. 29 30

9. Name and Address of Current Registered Agent: ROSMAN,ALBERT J. 890 N MIAMI BEACH BLVD. N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of principal place of business or registered agent (and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSMAN,ALBERT J.	
STREET ADDRESS	1945 NE 117TH RD	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSMAN,BEVERLY A	
STREET ADDRESS	1945 NE 117TH RD	
CITY - ST - ZIP	NO MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSMAN,DONNA S	
STREET ADDRESS	1945 NE 117TH RD	
CITY - ST - ZIP	NO MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Albert J. Rosman 1/21/97 (305) 945-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)