

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90069 010 \*\*\*150.00

**DOCUMENT # 600490**

1. Corporation Name  
**ROSMAN MEDICAL CLINIC P A**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**10/09/1968**

4. FEI Number  
**59-1230100** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21  Suite, Apt. #, etc.

22  City & State

23  Zip  Country

24  25  26  27  28  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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD ROSMAN,ALBERT J.**

STREET ADDRESS **1945 NE 117TH RD**

CITY-ST-ZIP **NORTH MIAMI FL**

TITLE  DELETE

NAME **D ROSMAN,BEVERLY A**

STREET ADDRESS **1945 NE 117TH RD**

CITY-ST-ZIP **NO MIAMI FL**

TITLE  DELETE

NAME **D ROSMAN,DONNA S**

STREET ADDRESS **1945 NE 117TH RD**

CITY-ST-ZIP **NO MIAMI FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Albert J. Rosman **ALBERT J. ROSMAN** Date 1/5/98 205 945 1545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)