

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 600490	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1230100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSMAN, ALBERT J. 1945 NE 117TH RD NORTH MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSMAN, BEVERLY A 1945 NE 117TH RD NO MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSMAN, DONNA S 1945 NE 117TH RD NO MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000254173 03/07/05-80064-006 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert J. Rosman **ALBERT J. ROSMAN** 02/01/05 305 945 1545

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #