


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 600490
 1. Entity Name
ROSMAN MEDICAL CLINIC P A



Principal Place of Business Mailing Address
890 N MIAMI BEACH BLVD **890 N MIAMI BEACH BLVD**
N. MIAMI BEACH FL 33162 **N. MIAMI BEACH FL 33162**



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 (10/05)

4. FEI Number Applied For
59-1230100 Not Applicable

5. Certificate of Status Desired \$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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/15/06-80058-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. RO
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR