


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 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 |
|--|--|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|---|--|
| 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|-----------------------------------|---|
| TITLE NAME | PD ROSMAN, ALBERT J. <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 1945 NE 117TH RD NORTH MIAMI FL |
| TITLE NAME | D ROSMAN, BEVERLY A <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 1945 NE 117TH RD NO MIAMI FL |
| TITLE NAME | D ROSMAN, DONNA S <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | 1945 NE 117TH RD NO MIAMI FL |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | U00000607814 01/31/07-80052-009 150.00 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | |

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. ROSMAN** 1-25-07 3059451545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #