

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90006 019 ***150.00

DOCUMENT # 603961

1. Entity Name

FRED M. ROSENBLUM M.D. PA



Principal Place of Business

4302 ALTON RD STE 720
#720
MIAMI BCH, FL 33140

Mailing Address

4302 ALTON RD STE 720
#720
MIAMI BCH, FL 33140

54056132



05262004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1425394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROSENBLUM, FRED
4302 ALTON RD
MIAMI BCH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSENBLUM, FRED M
STREET ADDRESS 4302 ALTON RD
CITY-ST-ZIP MIAMI BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/04 305-534-4696

Attachment

5/05/04

#603961

Fred M. Rosenbloom M.D.P.A.
4302 Alton Road - Suite 720
Miami Beach, Fl. 33140

May 26, 2004

Florida Dept. of State
Division of Corporations
PO Box 6850
Tallahassee, Fl. 32314

Gentlemen:

Enclosed please find a check for \$150.00 for my company's 2004 Annual Report. Please be advised that I (or anybody in my office) received the report which should have been sent to my office during January. A review of my filings with your offices, will indicate that I have always been timely.

Sincerely



Fred Rosebloom