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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604352

ROBERT ROSENBLUTH, M.D., P.A.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90097 042 ***150.00



Filincipal Flace	of Business	Mailing Address				
1830 S. OSPBE	Y AVE #108	1830 S. OSPREY AVE #108				
SAPASOTA FL	34239	SARASOTA FC 24239		DO NOT WRITE IN T	LIC CDACE	
		/ \			HIS SPACE	
				3. Date Incorporated or Qualifed		į
				05/21/1973	7-1.	red Fee
	ace of Business	2a. Mailing Address	NBILL DR	4. FEI Number		plied For
	BEE RIDGE RD		DABILL DE	59-1473918		Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
	TE 390	27			Fee Red	·
City & State		City & State	FL	6. Election Campaign Financing	\$5.00	
23 SA-R	ASOTA +L	28 SARASOTA		Trust Fund Contribution	Added to	<u>s</u> Fees
Zip	Country	- 翌1つつ! -	Country	8. This corporation owes the current year		
24 3424	-v 25	29 347206 3	0	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent	
500	CHRISTIA DODERT M.D. D.A.		81 Name			
ROSENBLUTH, ROBERT, M.D., P.A.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
562 S SPOONBILL DR			Olicot y to			
STE 108						
SARA	ASOTA FL 34236	۸			las Zin C	`ada
	\wedge	/	84 City	F	=L 85 Zip C	,ode
11 Durewant t	to the provisions of Sections 607.050	2 and 607 1508. Florida-Statutes	the above-named corpo	oration submits this statement for the purpose	e of changing its	registered
office or re	egistered agent or both, in the State	of Florida. Soch change was auth	norized by the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the ap	opointment as reg	jistered
agent. I ar	n familial with and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	4 / 10	L 1099	
SIGNATURE	/ Clert / ode	entire	1700 ac	ut tay ()	1/7//	
	Signature, typed or printed name of registered ager	D DIRECTORS	distered Agent signature required		AND DIRECTO	RS IN 12
12.	P OFFICERS AIN	□ DELETE	1.1 TITLE	ABBITION OF THE PARTY OF THE PA	Change	Addition
TITLE	•	C Beteve			 0	_
NAME	ROSENBLUTH, ROBERT		1.2 NAME			į
STREET ADDRESS	562 S SPOONBILL DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY- ST-ZIP			
TITLE	S				Change	□ Addition
l l	3	☐ OELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	JOHNSON, CHARLES	☐ OELETE	2.1 TITLE 2.2 NAME		☐ Change	Addition
STREET ADDRESS		☐ OELETE			☐ Change	☐ Addition
STREET ADDRESS	JOHNSON, CHARLES	☐ DELETE	2.2 NAME		_ ,	
	JOHNSON, CHARLES 1501 NORTH DRIVE	☐ OELETE	2.2 NAME 2.3 STREET ADDRESS		☐ Change	☐ Addition
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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 supplied with annual report is tyle 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 apdress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP