

2004 FOR PROFIT CORPORATION REINSTATEMENT

192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT

04

DOCUMENT # 604352 1. Entity Name ROBERT ROSENBLUTH, M.D., P.A.					
Principal Place of Business 562 S SPOONBILL DR MISSPELLED SARASOTA, FL 34236 SHOULD BE "SPOONBILL"		Mailing Address 562 S SPOONBILL DR SARASOTA, FL 34236			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1473918	
Zip		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSENBLUTH, ROBERT, M.D., P.A. 562 S SPOONBILL DR STE 108 SARASOTA, FL 34236				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:				DATE: Oct 21, 2004	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBLUTH, ROBERT 562 S SPOONBILL DR SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042163483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/04--01078--024 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENBLUTH, LINDA 562 SOUTH SPOONBILL DR SARASOTA, FL 34236	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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: Oct 21, 2004 Daytime Phone #: 943664224					

PHONE (941) 366-4224

FAX (941) 365-7222
Email: rsquare18@aol.com

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ROBERT ROSENBLUTH, M.D.
GYNECOLOGY
562 S. SPOONBILL DR.
SARASOTA, FLORIDA 34236

DIPLOMATE OF THE AMERICAN BOARD
OF OBSTETRICS AND GYNECOLOGY

FELLOW OF THE AMERICAN COLLEGE
OF OBSTETRICIANS AND GYNECOLOGISTS

FELLOW OF THE AMERICAN COLLEGE
OF SURGEONS

October 21, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sirs,

I did not receive any prior mailings to file my annual report. Perhaps it was due to the computer misspelling of the street name on the renewal form (see correction on renewal).

I request waiver of late fee.

Enclosed is the annual report and the regular annual fee of \$150.00 as advised by your representative.

Thank you for your help and understanding in this matter.

Sincerely,


Robert Rosenbluth, Pres.