

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 641290**

1. Entity Name  
**HOWARD G. ROSENBERG, D.D.S., P.A.**

Principal Place of Business  
**12404 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161**

Mailing Address  
**12404 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1941844**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBERG, HOWARD G.  
 12404 W. DIXIE HIGHWAY  
 NORTH MIAMI BEACH FL 33161**

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

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P ROSENBERG, HOWARD G.**  
 STREET ADDRESS **12404 W. DIXIE HWY**  
 CITY- ST- ZIP **NORTH MIAMI FL**

TITLE  Change  Addition  
 NAME **000000676896**  
 STREET ADDRESS **03/30/07-80081-016 150.00**  
 CITY- ST- ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Change  Addition  
 NAME  
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 CITY- ST- ZIP

TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 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: Howard G. Rosenberg, DDS **HOWARD G. ROSENBERG, DDS 3-20-07 (305) 893-4801**