## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 697519

1. Entity Name

ALVIN ROSEN, D.O., P.A.



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90987 010 \*\*\*150.00

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Principal Place 760 U.S. HIGH SUITE 200	e of Business WAY #1		Mailin 760 t	ng Address ; 4 U S HIGHWAY #1	Topic w	4-1-1				et in the second	and the state of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of	44
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US	52	- 1.00	US											
2. Principal Pi	ace of Busin	ess		3. Mailing Address								<b>                                    </b>		
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						_
City & State	9		City	City & State			4,	4. FEI Number 59-2123632				<u> </u>	Applied For Not Applicable	
Zip	-	- Country	Zip		try		Certificate of Status Desired     Name and Address of New Re			- \$8.75 Additional Fee Required				
	6. Name	and Address of Cu	irrent Registere	ed Agent			7.	Name a	nd Address	of New Re	gistered A	gent		4
	Name													
ALVIN RO					Street Address (P.O. Box Number is Not Acceptable)								1	
123 LAKES	shore Dri	IVE #1043												4
SUITE 102	?													
NORTH PA	ALM BEACH	H FL 33408									FL	Zip Cod	le	
	named entity ons of registe	v submits this statemered agent.	nent for the purp	oose of changing its	registere	ed office or regis	stered a	agent, or t	ooth, in the S	tate of Flori	ida. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registere	ed agent and title if app	plicable. (NOT	E: Registered	d Agent signature req	uired wher	n reinstating)			DATE		· ·	
		! FEE IS \$150.0 3 Fee will be \$55							Election Carr				00 May Be	
	•	Florida Departm							Trust Fund C	ontribution.	L	Adde	d to Fees	
10.	*	OFFICERS	S AND DIRECTO	IL DBS	11.			ADDITION	S/CHANGES	S TO OFFIC	CERS AND	DIRECTOR	S IN 11	
TITLE	PST	3,7,02,10		☐ Delete	TITLE							Change	Addition	18
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12. I hereby o	ertify that the	information supplie	ed with this filing	does not qualify fo	r the exe	mption stated in	Sectio	n 119.07(	3)(i), Florida	Statutes. I f	further cert	fy that the i	information	

2. I hereby certify that the information supplied with this filing does not quality 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 office or director of the corporation or the receiver or frustee 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

04/03/03

Date

561--627-1991 Daytime Phone #