

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # F72091

(4)

1. Corporation Name

MARK ROSENBERG, M.D., P.A.

Principal Place of Business

Mailing Address

**8186 BRIDLE PATH
BOCA RATON FL 33456**

**8186 BRIDLE PATH
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1982

3a. Date of Last Report
01/21/1994

4. FID Number
59-2169941

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under S. 193.03,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Zip

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBERG, MARK MD
8186 BRIDLE PATH
BOCA RATON FL 33496**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. I, the undersigned, the person named in Sections 107 and 107.01, Florida Statutes, this above named corporation submit this statement for the purpose of changing its registered office to the address set forth in the above information. Change was authorized by the corporation's board of directors, thereby accept this appointment as registered agent. I am familiar with and accept the obligations of a registered agent. Florida Statutes

SIGNATURE

By the Current Registered Agent or by the New Registered Agent

12. OFFICERS AND DIRECTORS OF THE CORPORATION

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS OF THE CORPORATION

NAME: **PST
ROSENBERG, MARK
8186 BRIDLE PATH
BOCA RATON, FL 00000**
V
NAME: **ROSENBERG, SUSAN
8186 BRIDLE PATH
BOCA RATON, FL 00000**

1. NAME: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. NAME: ☐ Change ☐ Addition
4. NAME: ☐ Change ☐ Addition
5. NAME: ☐ Change ☐ Addition
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17. NAME: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. NAME: ☐ Change ☐ Addition
20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, the person named in Sections 107 and 107.01, Florida Statutes, this above named corporation submit this statement for the purpose of changing its registered office to the address set forth in the above information. Change was authorized by the corporation's board of directors, thereby accept this appointment as registered agent. I am familiar with and accept the obligations of a registered agent. Florida Statutes

SIGNATURE:

Mark Rosenberg MD
SIGNATURE AND EXPIRED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
MARK ROSENBERG, M.D.

1-10-95 (407)487-2031