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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(9)

Mailing Address

DOCUMENT # G67459

MICHAEL A. ROSIN, M.D., P.A.

FILED May 30 1997 8:00am Secretary of State

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2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Mailling Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-2338756 Suite, Apt. #, etc. 5. Certificate of Status Desired 2. City & State 2. City & State 3. Country 4. FEI Number 59-2338756 Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 2. Zip 2. Country 2. Zip 2. Country 3. This corporation has liability in Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New ROSIN, MICHAEL A., M.D. 1966 HILLVIEW STREET SARASOTA FL 34239 8. Street Address (P.O. Box Number is Not Accept Street Address of Principal Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the application of the principal statutes and suited and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Lipted or printed name of registered agent and this ill applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF	05/01/1996 Apr	aport
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14. To 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 supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: