

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G67459

1. Corporation Name
MICHAEL A. ROSIN, M.D., P.A.

Principal Place of Business
% MICHAEL A. ROSIN, M.D.
1986 HILLVIEW STREET
SARASOTA FL 34239-3607

Mailing Address
% MICHAEL A. ROSIN, M.D.
1986 HILLVIEW STREET
SARASOTA FL 34239-3607

FILED

99 JUL 26 PM 2:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/01/1983

4. FEI Number

59-2338756

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSIN, MICHAEL A. M.D.
1986 HILLVIEW STREET
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSIN, MICHAEL A. M.D.
1986 HILLVIEW STREET
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
7/28/99 98365806

7/30/99
@

2

MICHAEL A. ROSIN, M.D., F.A.C.P., P.A.
1966 HILLVIEW STREET
SARASOTA, FLORIDA 34239
(941) 365-9060

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
DIPLOMATE AMERICAN BOARD OF DERMATOLOGY
DIPLOMATE AMERICAN BOARD OF MOHS' MICROGRAPHIC
SURGERY AND CUTANEOUS ONCOLOGY

FELLOW AMERICAN ACADEMY OF DERMATOLOGY
FELLOW AMERICAN COLLEGE OF PHYSICIANS
FELLOW COLLEGE OF MOHS' MICROGRAPHIC
SURGERY AND CUTANEOUS ONCOLOGY

July 19, 1999

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

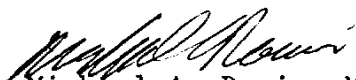
Dear Sir,

I have received the enclosed letter which indicates that I was late in filing the annual report for my corporation and paying the accompanying fee. This is not correct. My records indicate that I paid this fee 4/28/99 which is two days before the necessary deadline.

I wish you would check and see that this did not happen. I would like to mention that a year ago this same matter happened, I paid my fee and filed my report on time, yet received a notice several months later that I had not paid it. I was eventually vindicated by my records and cancelled check.

Please see if you can determine why this has happened to me for a second year in a row.

Sincerely,


Michael A. Rosin, M.D.
MAR/cf