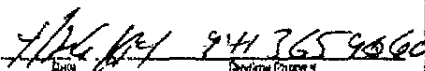


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # G67459																																										
1. Entity Name MICHAEL A. ROSIN, M.D., P.A.																																										
Principal Place of Business % MICHAEL A. ROSIN, M.D. 1866 HILLVIEW STREET SARASOTA, FL 34239-3607		Mailing Address % MICHAEL A. ROSIN, M.D. 1866 HILLVIEW STREET SARASOTA, FL 34239-3607																																								
DO NOT WRITE IN THIS SPACE																																										
5. Name and Address of Current Registered Agent ROSIN, MICHAELA, M.D. 1866 HILLVIEW STREET SARASOTA, FL 34239		 04282004 No Chg-P CR2E034 (10/03) A. FEI Number 59-2338756 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																								
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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 Co. if applicable (NOTE: Registered Agent signature required when changing) DATE _____																																										
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing True Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>ROSIN, MICHAELA M.D.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1866 HILLVIEW STREET</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SARASOTA, FL</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>		TITLE	PD	NAME	ROSIN, MICHAELA M.D.	STREET ADDRESS	1866 HILLVIEW STREET	CITY- ST- ZIP	SARASOTA, FL	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		U000000138393 04/29/04-80079-003 150.00 DO NOT WRITE IN THIS SPACE
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12. 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 report or supplemental reports 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 507, 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																																										