


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90057 010 ***150.00

DOCUMENT # G73211	
1. Entity Name ROGER ROUSSEAU, M.D., P.A.	

Principal Place of Business 7800 SW 87TH AVE SUITE B-250 MIAMI, FL 33173 US	Mailing Address 7800 SW 87TH AVE #B-250 MIAMI, FL 33173 US
-----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

40029467



2. Principal Place of Business - No P.O. Box # 6401 SW 87 AVE.	3. Mailing Address 6401 SW 87 AVE.
Suite, Apt. #, etc. 114	Suite, Apt. #, etc. 114
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33173	Country USA

02282007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ROUSSEAU, ROGER 7800 SW 87TH AVE #B-250 MIAMI, FL 33173	
---------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name ROUSSEAU, ROGER	
Street Address (P.O. Box Number is Not Acceptable) 6401 SW 87 AVE. #114	
City MIAMI	Zip Code 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME ROUSSEAU, ROGER	TITLE PST	NAME ROUSSEAU, ROGER
STREET ADDRESS 7800 SW 87TH AVE #B-250	CITY-ST-ZIP MIAMI, FL 33173	STREET ADDRESS 6401 SW 87 AVE. #114	CITY-ST-ZIP MIAMI, FL 33173
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME ROUSSEAU, ROGER	TITLE D	NAME ROUSSEAU, ROGER
STREET ADDRESS 7800 SW 87TH AVE #B-250	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS 6401 SW 87 AVE. #114	CITY-ST-ZIP MIAMI, FL 33173
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/28/07** **305-598-3082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #