2006 FOR PROFIT CORPORATION

Apr 28, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # G81575 1. Entity Name DAVÍD W. ROSENBAUM, M.D., P.A. Principal Place of Business Mailing Address 1321 NW 14TH ST 1321 NW 14TH ST SUITE 200 SUTTE 200 MIAMI, FL 33125 MIAMI, FL 33125 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2343371 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSENBAUM, DAVID W. DO NOT WRITE 1321 NW 14 ST SUITE 200 IN THIS SPACE MIAMI, FL 33125 \$. 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 epent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000543060 Trust Fund Contribution. Added to Fees 05/10/06-80120-023_150_00 OFFICERS AND DIRECTORS 10. TITLE ROSENBAUM, DAVID MD NAME STREET ADDRESS 1321 NW 14TH STREET, #200 CITY-ST-ZIP MIAMI, FL 33125 NAME STREET ADDRESS CKTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 75T) F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 calls, 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 of the corporation or the receiphanged, or on an attachinger

CITY ST-ZIP

NAME STREET ADDRESS CSTY-ST-ZDP

Daytivne Phone i

FILED