

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # K37597

1. Entity Name

MONTGOMERY AND ROSEBROUGH, M.D., P.A.



Principal Place of Business

830 MEDICAL COURT EAST
INVERNESS, FL 34452-1617

Mailing Address

830 MEDICAL COURT EAST
INVERNESS, FL 34452-1617



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2916602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MONTGOMERY, DAN G. M.D.
830 MEDICAL COURT EAST
INVERNESS, FL 34452

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	MONTGOMERY, DAN G.
STREET ADDRESS	830 MEDICAL CT. E.
CITY-ST-ZIP	INVERNESS, FL
TITLE	O
NAME	ROSEBROUGH, CARL W.
STREET ADDRESS	830 MEDICAL CT E.
CITY-ST-ZIP	INVERNESS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000644512
03/02/07-80045-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MONTGOMERY, M.D.

Date

2/20/07

Daytime Phone #

352-726-6633