

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37597

FILED  
Jan 21, 2012  
Secretary of State

**Entity Name:** MONTGOMERY AND ROSEBROUGH, M.D., P.A.

**Current Principal Place of Business:**

830 MEDICAL COURT EAST  
INVERNESS, FL 344521617

**New Principal Place of Business:**

**Current Mailing Address:**

830 MEDICAL COURT EAST  
INVERNESS, FL 344521617

**New Mailing Address:**

FEI Number: 59-2916602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:   
Name: MONTGOMERY, DAN G.  
Address: 830 MEDICAL CT. E.  
City-St-Zip: INVERNESS, FL

Title:   
Name: ROSEBROUGH, CARL W.  
Address: 830 MEDICAL CT E.  
City-St-Zip: INVERNESS, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAN MONTGOMERY

01/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date