

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46373

FILED
Apr 26, 2009
Secretary of State

Entity Name: HAROLD H. ROSEN, M.D., P.A.

Current Principal Place of Business:

1 WEST SAMPLE RD.
SUITE 102
POMPANO BCH., FL 33064

Current Mailing Address:

1 WEST SAMPLE RD.
SUITE 102
POMPANO BCH., FL 33064

New Principal Place of Business:

1 WEST SAMPLE RD.
SUITE 102
POMPANO BCH., FL 33064 US

New Mailing Address:

1 WEST SAMPLE RD.
SUITE 102
POMPANO BCH., FL 33064 US

FEI Number: 65-0085794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKERMAN, LESLIE H.
4000 HOLLYWOOD BLVD STE 485
HOLLYWOOD, FL US

Name and Address of New Registered Agent:

ZUCKERMAN, LESLIE H.
4000 HOLLYWOOD BLVD STE 485
HOLLYWOOD, FL 00000 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEN, HAROLD H., M.D.
Address: 1 WEST SAMPLE RD.
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ROSEN, HAROLD H
Address: 1 WEST SAMPLE RD.
City-St-Zip: POMPANO BEACH, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD ROSEN MD

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date