

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90021 045 \*\*\*150.00

011189

**DOCUMENT # K62113**

1. Entity Name

RICHARD ROSEN, D.O., P.A.

Principal Place of Business

10081 PINES BLVD  
STE B  
PEMBROKE PINES FL 33024  
US

Mailing Address

10081 PINES BLVD  
STE B  
PEMBROKE PINES FL 33024  
US

751356

2. Principal Place of Business

9900 Stirling Rd  
Suite, Apt. #, etc.  
301  
City & State  
Cooper City, FL  
Zip  
33024 Country  
Broward

3. Mailing Address

9900 Stirling Rd  
Suite, Apt. #, etc.  
301  
City & State  
Cooper City, FL  
Zip  
33024 Country  
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, RICHARD  
10081 PINES BLVD  
STE B  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name Rosen, Richard  
Street Address (P.O. Box Number is Not Acceptable)  
9900 Stirling Rd.  
Suite 301  
City Cooper City FL Zip Code 33024

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME ROSEN, RICHARD  
STREET ADDRESS 10081 PINES BLVD STE B  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME ROSEN, MICHELLE  
STREET ADDRESS 10081 PINES BLVD, STE B  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

2-4-01

Date

Daytime Phone #

CR2E034 (10/00)