

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90202 017 \*\*\*150.00

**DOCUMENT-# K98755**

1. Entity Name  
**DONALD L. ROSE, PSY. D., & ASSOCIATES, P.A.**



Principal Place of Business  
**2601 E. OAKLAND PK BLVD  
STE. 201  
FT. LAUDERDALE, FL 33306 US**

Mailing Address  
**2601 EAST OAKLAND PARK BLVD.  
STE. 201  
FT. LAUDERDALE, FL 33306 US**

2. Principal Place of Business  
**550 SW 3RD STREET  
SUITE 304**

3. Mailing Address  
**550 SW 3RD STREET  
SUITE 304**

City & State  
**POMPANO BEACH, FL**  
Zip  
**33060**  
Country  
**USA**

City & State  
**POMPANO BEACH, FL**  
Zip  
**33060**  
Country  
**USA**

04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0125814**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSE, DONALD L.  
2601 EAST OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE, FL 33306**

**7. Name and Address of New Registered Agent**

Name  
**ROSE, DONALD L.**  
Street Address (P.O. Box Numbers Not Acceptable)  
**550 SW 3RD STREET  
SUITE 304**  
City  
**POMPANO BEACH FL** Zip Code  
**33060**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTPS  
ROSE, DONALD L. ☒ Delete  
2601 E OAKLAND PK BLVD # 201  
FORT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTPS ☒ Change ☐ Addition  
ROSE, DONALD L.  
550 SW 3RD STREET #304  
POMPANO BEACH FL 33060**

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

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

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

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

Date

Daytime Phone #

**4/10/06**

**(954) 941-4388**