2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74090

Title:

Name: Address:

City-St-Zip:

Entity Name: ROBERT S. ROSEN PH.D., P.A.

FILED Feb 02, 2008 Secretary of State

Current Principal Place of Business:			New Point in all Plans	New Painting I Plans of Provinces	
Current Pri	ncipai Piace	or Business:	New Principal Place	or Business:	
1938 SOUL CLEARWA	E RD TER, FL 3375	9 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2922 ELYSIUM WAY CLEARWATER, FL 33759			1938 SOULE RD CLEARWATER, FL 33	1938 SOULE RD CLEARWATER, FL 33759 US	
FEI Number:	59-2882867	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ROBERT S 2922 ELYSI CLEARWA		9 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.					
SIGNATUR	E:				
Electronic Signature of Registered Agent				 Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROSEN, ROBER 1938 SOULE RE CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ROSEN, DEBOR 1938 SOULE RE CLEARWATER,) [*]	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (X) ROSEN, SABRA 1938 SOULE RE CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT S. ROSEN P 02/02/2008

(X) Delete

ROSEN, REBEKAH,

CLEARWATER, FL 33759

1938 SOULE RD

() Change () Addition