

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90045 037 \*\*\*150.00

DOCUMENT # P01000049940

1. Entity Name

ROGASNER THERAPY, INC.



Principal Place of Business

8413 N ARMENIA AVE  
APT 1203  
TAMPA FL 33604

Mailing Address

8413 N ARMENIA AVE  
APT 1203  
TAMPA FL 33604

0000049940



2. Principal Place of Business - No P.O. Box #

307 W. Florida St.

3. Mailing Address

307 W. Florida St.

Suite, Apt. #, etc.

Tampa FL

Suite, Apt. #, etc.

Tampa FL

1st MOORE

CR2E034 (10/06)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3720191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGASNER, WILLIAM L  
8413 N ARMENIA AVE  
APT 1203  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name: Rogasner, William L.  
Street Address (P.O. Box Number is Not Acceptable)

307 W. Florida St.

City: Tampa

FL

Zip Code: 33604

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: ROGASNER, WILLIAM L  
STREET ADDRESS: 8413 N ARMENIA AVE #1203  
CITY- ST- ZIP: TAMPA FL 33604

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Same Name  
NAME: 307 W. Florida St.  
STREET ADDRESS: Tampa FL 33604  
CITY- ST- ZIP: 33604

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

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

TITLE: ☐ Delete  
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CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY- ST- ZIP:

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Day the Phone #

3/15/07 (913) 314-3532