

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000022562

1. Entity Name
ROGER S. GORMAN, M.D., P.A.



Principal Place of Business
19202 BLACK MANGROVE COURT
BOCA RATON, FL 33498

Mailing Address
19202 BLACK MANGROVE COURT
BOCA RATON, FL 33498

FILED
Apr 24, 2008 08:00 AM
Secretary of State



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0616230

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORMAN, ROGER S M.D.
19202 BLACK MANGROVE COURT
BOCA RATON, FL 33498

**DO NOT WRITE
IN THIS SPACE**

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 consenting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
P
GORMAN, ROGER S M.D.
19202 BLACK MANGROVE COURT
BOCA RATON, FL 33498

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U00000918780
05/13/08-80096-005 150.00

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IN THIS SPACE**

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 #