2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P03000055879

Entity Name: TREVOR A. ROSE, M.D., P.A.

Current Principal Place of Business:

6551 RIDGE ROAD
PORT RICHEY, FL 34668

New Principal Place of Business:

6551 RIDGE ROAD
SUITE 2
PORT RICHEY, FL 34668

Current Mailing Address:

6551 RIDGE ROAD
PORT RICHEY, FL 34668

New Mailing Address:

6551 RIDGE ROAD
SUITE 2
PORT RICHEY, FL 34668

FEI Number: 74-3097827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, TREVOR A
6551 RIDGE RD SUITE 2
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

ROSE, TREVOR A MD.
6551 RIDGE RD
SUITE 2
PORT RICHEY, FL 34668 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.

SIGNATURE: TREVOR A ROSE 03/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P&D ( ) Delete
Name: ROSE, TREVOR A M.D.
Address: 6651 RIDGE ROAD
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TREVOR A ROSE MD 03/14/2009
Electronic Signature of Signing Officer or Director Date