

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000016393

1. Entity Name
RONALD E. ROSENBAUM, P.A.



Principal Place of Business

3400 CORAL WAY
#600
MIAMI, FL 33145

Mailing Address

3400 CORAL WAY
#600
MIAMI, FL 33145

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

755 41 Street

Suite, Apt. #, etc.

3. Mailing Address

755 41 Street

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

USA

City & State

Miami Beach, Florida

Zip

33140

Country

USA

01072008

Chg-P

CR2E034 (12/06)

4. FEI Number

54-2141417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, RONALD E
3400 CORAL WAY
#600
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Rosenbaum International Law Firm, PA

Street Address (P.O. Box Number Not Acceptable)

2/a Ronald Rosenbaum, DMD

City

755 41 Street
Miami Beach

FL

Zip Code

33140

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/08

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 PSD
NAME ROSENBAUM, RONALD E
STREET ADDRESS 3400 CORAL WAY #600
CITY-ST-ZIP MIAMI, FL 33145

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME Rosenbaum, Ronald E
STREET ADDRESS 755 41 Street
CITY-ST-ZIP Miami Beach, Florida 33140

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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

1/8/08

305-321-0321

Date

Daytime Phone #