

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101353

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

**Current Principal Place of Business:**

5451 UNIVERISTY DRIVE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

5451 UNIVERISTY DRIVE  
SUITE 102  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5451 UNIVERISTY DRIVE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

5451 UNIVERISTY DRIVE  
SUITE 102  
CORAL SPRINGS, FL 33067

**FEI Number:** 20-1569835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, ANDREW M ESQ.  
1701 WEST HILLSBORO BOULEVARD  
SUITE 308  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** ROSA, EDWARD DR.  
**Address:** 5451 UNIVERISTY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** ROSA, EDWARD DR.  
**Address:** 5451 UNIVERISTY DRIVE SUITE 102  
**City-St-Zip:** CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** EDWARD ROSA

D

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date