

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90001 029 ***150.00

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1. Entity Name
CLOSER HEALTHCARE, INC.



Principal Place of Business

521 OLD DIXIE HWY
TEQUESTA, FL 33469

Mailing Address

521 OLD DIXIE HWY
TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE



06222006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1986626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHENBERG, JUDITH A.
11586 S.E. PLANDOME DRIVE
HOBE SOUND, FL 33455

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROTHENBERG, BRUCE M
521 OLD DIXIE HIGHWAY
TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ROTHENBERG, JUDITH A
521 OLD DIXIE HIGHWAY
TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Bruce M Rothenberg *Bruce M Rothenberg* *6/29/06* *561-743-9974*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #