


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 047 ***150.00

| | |
|--|---|
| DOCUMENT # P06000054737 |  |
| 1. Entity Name THE RONALD E. ROSENBAUM DENTAL GROUP, P.A. | |

| | |
|--|--|
| Principal Place of Business C/O FIELDSTONE LESTER SHEAR, ET AL, LLP 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 | Mailing Address C/O FIELDSTONE LESTER SHEAR, ET AL, LLP 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 |
|--|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02012007 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 20-4712940 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent ROSENBAUM, MICHAEL J C/O FIELDSTONE LESTER SHEAR, ET AL, LLP 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL, 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENBAUM, MICHAEL J C/O 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 of trust, 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 #

ATTACHMENT

66011528

#P06000054737

FIELDSTONE LESTER SHEAR & DENBERG, LLP

ATTORNEYS & COUNSELLORS AT LAW

CHECK REQUEST

Check given by MDR
If this is a client cost check here to Carlos

1. Date: 2/1/07
2. From:
☒ Operating Account
☐ Trust Account
☐ Special Trust Account _____
3. Amount: 150.00
4. Client Name: Michael J. Rosalbe
5. Matter Name: MDR
6. Client/Matter Number: _____
7. Payee: Fla Dep of Corp
8. Purpose of Payment: Annual Rep

Requested by:

Approved by: