

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000001306**

1. Entity Name

LAUREN R. ROSECAN, M.D., P.A.



Principal Place of Business

901 N FLAGLER DR  
SUITE 310 EAST  
WEST PALM BEACH, FL 33401 US

Mailing Address

901 N FLAGLER DR  
SUITE 310 EAST  
WEST PALM BEACH, FL 33401 US



07092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0467668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROSECAN, LAUREN  
901 N. FLAGLER DR.  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
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 \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000575652  
08/30/06-80003-010 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS
NAME	ROSECAN, LAUREN R
STREET ADDRESS	901 N FLAGLER DR
CITY- ST- ZIP	WEST PALM BEACH, FL
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	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06

Date

561832-4411

Daytime Phone #