

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055166

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: ALEXANDER ROZENSTEIN, M.D., P.A.

## Current Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE SUITE 210  
NORTH MIAMI BEACH, FL 33179

## New Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE  
273  
NORTH MIAMI BEACH, FL 33179

## Current Mailing Address:

1380 NE MIAMI GARDENS DRIVE SUITE 210  
873  
NORTH MIAMI BEACH, FL 33179

## New Mailing Address:

1380 NE MIAMI GARDENS DRIVE  
273  
NORTH MIAMI BEACH, FL 33179

FEI Number: 65-0518691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROZENSTEIN, ALEXANDER MD  
1380 NE MIAMI GARDENS DR. STE 273  
NORTH MIAMI BEACH, FL 33179 US

## Name and Address of New Registered Agent:

ROZENSTEIN, ALEXANDER MD  
1380 NE MIAMI GARDENS DR.  
273  
NORTH MIAMI BEACH, FL 33179 US

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:

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROZENSTEIN, ALEXANDER  
Address: 1380 NE MIAMI GARDENS DR., STE 273  
City-St-Zip: NORTH MIAMI BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROZENSTEIN, ALEXANDER  
Address: 1380 NE MIAMI GARDENS DR., STE 273  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROZENSTEIN

MD

01/09/2009

Electronic Signature of Signing Officer or Director

Date