
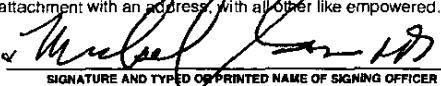


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90017 021 \*\*\*158.75

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P96000060362</b><br>1. Entity Name<br><b>MICHAEL ROSENBLOOM, M.D. P.A.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>1150 N 35TH AVE<br/>STE 440<br/>HOLLYWOOD, FL 33021</b>   |   |  | Mailing Address<br><b>1150 N 35TH AVE<br/>STE 440<br/>HOLLYWOOD, FL 33021</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   |   |  |
| 4. FEI Number<br><b>65-0682943</b>  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                        |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  | <b>\$8.75</b> Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                                   |   |  |
| <b>KLINGHOFFER, TEDDY D<br/>ONE S.E. 3RD AVE.<br/>MIAMI, FL 33131</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>ROSENBLOOM, MICHAEL M.D.<br/>1150 N 35TH AVE STE 440<br/>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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. |   |  |   |   |  |
| <b>SIGNATURE:</b>    |   |  | 2-4-2004 954-962-5400   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #  |   |  |

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01192004 Chg-P CR2E034 (10/03)