

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 028 ***158.75

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P96000060362 1. Entity Name MICHAEL ROSENBLOOM, M.D. P.A.																													
Principal Place of Business 1150 N 35TH AVE STE 440 HOLLYWOOD, FL 33021			Mailing Address 1150 N 35TH AVE STE 440 HOLLYWOOD, FL 33021																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0682943																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent KLINGHOFFER, TEDDY D ONE S.E. 3RD AVE. MIAMI, FL 33131																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSENBLOOM, MICHAEL M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1150 N 35TH AVE STE 440</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ROSENBLOOM, MICHAEL M.D.		STREET ADDRESS	1150 N 35TH AVE STE 440		CITY-ST-ZIP	HOLLYWOOD, FL 33021		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Michael Rosenbloom</u> MICHAEL ROSENBLOOM, MD 3/14/2007 954-962-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													