


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 026 ***150.00

DOCUMENT # P96000061555

1. Entity Name
 JOSE J. ROSALES, M.D., P.A.



Principal Place of Business
 1061 MEDICAL CENTER DRIVE, SUITE 212
 ORANGE CITY, FL 32763

Mailing Address
 1061 MEDICAL CENTER DRIVE, SUITE 212
 ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #
 1035 TOWN CENTER DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 1035 TOWN CENTER DRIVE
 Suite, Apt. #, etc.

City & State
 ORANGE CITY, FL


City & State
 ORANGE CITY, FL

Zip
 32763

Country
 U.S.A.

Zip
 32763

Country
 USA



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3393126

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES, JOSE J M.D.
 1061 MEDICAL CENTER DR. SUITE 212
 DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name
 ROSALES, JOSE J MD.


Street Address (P.O. Box Number is Not Acceptable)
 1035 TOWN CENTER DRIVE

City
 ORANGE CITY

State
 FL

Zip Code
 32763

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:  DATE: 04-30-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, JOSE J M.D. 1061 MEDICAL CENTER DR SUITE 212 DEBARY, FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, JOSE J MD 1035 TOWN CENTER DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  DATE: 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #