FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 29 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000092828 (7)**

1. Corporation Name
JOEL B. ROSE, D.O., P.A.

Principal Place of Business
6101 WEBB ROAD
SUITE 207
TAMPA FL 33615

Mailing Address
P.O. BOX 261748
TAMPA FL 33685-1748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip | 24 | Country | 25

2a. Mailing Address
26 | Suite, Apt. #, etc.
27 | City & State
28 | Zip | 29 | Country | 30

3. Date Incorporated or Qualified
10/24/1997

4. FEI Number
Applied for ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
ROSE, JOEL B D.O.
6101 WEBB ROAD
SUITE 207
TAMPA FL 33615

10. **Name and Address of New Registered Agent**
81 | Name
82 | Street Address (P.O. Box Number is Not Acceptable)
83 |
84 | City **FL** | 85 | Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature required for profit corporation changing registered office or registered agent, or both. (If 10b: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
12 NAME	Joel B. Rose, D.O.	1 2 NAME	
13 STREET ADDRESS	6101 Webb Road, Suite 207	1 3 STREET ADDRESS	
14 CITY-ST-ZIP	Tampa, Fl 33615	1 4 CITY-ST-ZIP	300002576073----4 -06/30/98--01047--005 ****150.00 ****150.00
21 TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
22 NAME		2 2 NAME	
23 STREET ADDRESS		2 3 STREET ADDRESS	
24 CITY-ST-ZIP		2 4 CITY-ST-ZIP	
31 TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
32 NAME		3 2 NAME	
33 STREET ADDRESS		3 3 STREET ADDRESS	
34 CITY-ST-ZIP		3 4 CITY-ST-ZIP	
41 TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
42 NAME		4 2 NAME	
43 STREET ADDRESS		4 3 STREET ADDRESS	
44 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
51 TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
52 NAME		5 2 NAME	
53 STREET ADDRESS		5 3 STREET ADDRESS	
54 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
61 TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
62 NAME		6 2 NAME	
63 STREET ADDRESS		6 3 STREET ADDRESS	
64 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Joel B. Rose 6/29/98

Personal & Confidential
Amelia Hogan

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 2, 1998

JOEL B. ROSE, D.O., P.A.
P.O. BOX 261748
TAMPA, FL 33685-1748

SUBJECT: JOEL B. ROSE, D.O., P.A.
Ref. Number: P97000092828

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

List the name, title, street address, city, and state of each officer/director of the corporation in block 12 or 13.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION Letter number: 098A00030987

/jf