


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000104607 1. Entity Name TAMZIN ROSENWASSER, M.D., P.A.		
Principal Place of Business 5846 VENISOTTA RD. VENICE, FL 34293	Mailing Address 5846 VENISOTA RD VENICE, FL 34293	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSENWASSER, TAMZIN M.D. 5846 VENISOTA ROAD VENICE, FL 34293		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	DPTS ROSENWASSER, TAMZIN M.D. 5846 VENISOTA RD VENICE, FL 34293	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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>Tamzin Rosenwasser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>MARCH 22 2006</u> <small>Date Daytime Phone #</small>



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0807843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/02/06-80126-025 150.00

**DO NOT WRITE
IN THIS SPACE**