2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# P99000000238

Entity Name: JOSEPH D. ROSEN, M.D., P.A.

Current Principal Place of Business:

NEW HOPE CANCER CENTER
11063 COUNTY LAKE ROAD
SPRINGHILL, FL

New Principal Place of Business:

NEW HOPE CANCER CENTER
11063 COUNTY LAKE ROAD
SPRINGHILL, FL 34609

Current Mailing Address:

9387 FRENCH QUARTER CIR.
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 59-3548575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROSEN, JOSEPH D M.D.
Address: 9387 FRENCH QUARTER CIR.
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. ROSEN, M.D. PRES 03/20/2005

Electronic Signature of Signing Officer or Director — Date