2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000000238

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

Principal Place of Business	Mailing Address
NEW HOPE CANCER CENTER 11063 COUNTY LAKE ROAD SPRINGHILL, FL 34609	9387 FRENCH QUARTER CIR. BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

03252006 No Chg P CR2E034 (11/05)

4. FEI Number
59-3548575
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, JOSEPH D M.D.
STREET ADDRESS	9387 FRENCH QUARTER CIR.
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
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04/12/06-80050-009 150.00

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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: JRosen MD P.A. 3/25/06 352-683-8178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #